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**National Highway
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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-11
FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA
ACCIDENT DATE - [REDACTED], 1996

Submitted By:

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Senior Staff Associate
and
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[REDACTED], 1996

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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15. <i>Supplementary Notes</i> On-site air bag deployment investigation involving a 1992 Ford Taurus GL, 4-door station wagon, with manual belts and dual air bags					
16. <i>Abstract</i> This report covers an on-site investigation of an air bag deployment crash that involved a 1992 Ford Taurus GL, 4-door station wagon and a certified altered 1995 Dodge Ram Van B350. This crash is of special interest because the Taurus's right front child passenger sustained only a corneal abrasion from his deploying air bag. The Taurus was traveling west in the southern, westbound lane of a two-lane, one-way, undivided, city street. The Ram van was traveling south in the right-hand turn lane, of a two-lane, one-way, undivided, city street. The crash occurred in the four-leg intersection of the two city streets. The front of the Taurus (case vehicle) impacted the middle left of the Ram van (vehicle #2) causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The front of the case vehicle underrode the left side of vehicle #2 causing both vehicles to rotate counterclockwise and travel toward the southwest corner of the intersection. The case vehicle rotated approximately 90 degrees counterclockwise before coming to rest, essentially in the intersection, head-ing south. Vehicle #2's counterclockwise rotation combined with the case vehicle's underide of its left side caused vehicle #2 to trip and roll over toward its right side. During vehicle #2's rollover it struck a traffic control signal pole, at least one of two side-by-side mailboxes, and a large tree located on the southwest corner of the intersection. Vehicle #2 came to rest on its right side at the southwest corner of the intersection heading southeastward. The case vehicle's driver (45 year-old fe-male) was normally postured, with her seat track located in its forward-most position, and the tilt steering wheel was located in its middle position. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her interview, minor facial injuries which included: a forehead abrasion and left and right cheek contusions. The right front passenger in the case vehicle (12 year-old male) was abnormally postured (i.e., turned slightly toward his right and leaning slightly forward). His seat track was located in its forward-most position, and he was also restrained by his available, active, three-point, lap and shoulder belt. He sustained, according to the interview with the case vehicle's driver (i.e., mother) and his medical records, minor injuries which included: abrasions to his left cornea, cheek, and upper arm from his deploying air bag, and abrasions over his right clavicle and chest from the torso portion of his safety belt.					
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-11

FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1992 Ford Taurus GL, 4-door station wagon and a certified altered 1995 Dodge Ram Van B350 occurring in Pennsylvania, 1996 at 7:50 a.m., on a city street. This crash is of special interest because the case vehicle's right front child passenger sustained only a corneal abrasion from his deploying air bag.

The Taurus was traveling west in the southern, westbound lane of a two-lane, one-way, undivided, city street when it impacted the Ram van which was traveling south in the right-hand turn lane, of a two-lane, one-way, undivided, city street. The crash occurred in the four-leg intersection of the two city streets. The front of the Taurus underrode the left side of the Ram van causing both vehicles to rotate counterclockwise and travel toward the southwest corner of the intersection. The Taurus rotated approximately 90 degrees counterclockwise before coming to rest, essentially in the intersection, heading south. The Ram van's counterclockwise rotation combined with the Taurus's underide of its left side caused the Ram van to trip and roll over toward its right side.

The front of the Taurus impacted the middle left of the Ram van. During the Ram van's rollover it struck a traffic control signal pole, at least one of two side-by-side mailboxes, and a large tree located on the southwest corner of the intersection. The Ram van came to rest on its right side at the southwest corner of the intersection heading southeastward. CDCs were determined to be: 01-FDEW-3 for the Taurus and 10-LYLW-3, 00-RDAO-1, 00-RPHO-1, 00-RPMO-1, and 00-FRGO-1 for the Ram van. The SMASH reconstruction program, damage only algorithm, was used on the highest severity impact to the Taurus. The Total, Longitudinal, and Lateral Delta Vs are respectively: 22 km.p.h. (14 m.p.h.), -17 km.p.h. (-10 m.p.h.), and -14 km.p.h. (-9 m.p.h.).

The 1992 Ford Taurus GL was equipped with both driver and right front passenger side supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the Taurus (45 year-old female) was normally postured, with her seat track located in its forward-most position, and the tilt steering wheel was located in its middle position. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her interview, minor facial injuries which included: a forehead abrasion and left and right cheek contusions. The right front passenger (12 year-old male) in the Taurus was abnormally postured (i.e., turned slightly toward his right and leaning slightly forward). His seat track was located in its forward-most position, and he was also restrained by his available, active, three-point, lap and shoulder belt. He sustained, according to the interview with the Taurus's driver (i.e., mother) and his medical records, minor injuries which included: abrasions to his left cornea, cheek, and upper arm from his deploying air bag, and abrasions over his right clavicle and chest from the torso portion of his safety belt. The driver (28 year-old male) of the Ram van was not wearing his available, active, three-point, lap and shoulder belt and sustained, according to his interview, a minor cervical strain.

CRASH SCHEMATIC

TRC/IU CASE NO. 96-11

Scale: 1 cm = 2.5 m
(prior to reduction @ 94%)

Traffic Signal Pole struck
by Vehicle #2's right side

Nonqualifying Event: fall-
ing Traffic Signal Pole
struck Pedestrian's hand

Tree struck by Vehicle
#2's front right roof

Mail box(es) struck by
Vehicle #2's right side

Case Vehicle at Final Rest

Vehicle #2 at Final Rest

Approximate trip point for
Vehicle #2's rollover

First Harmful Event

N →

Road Surface: Asphalt
Road Condition: Dry
Curvature: Straight
Grade, pre-impact = Level
Grade, at-impact = Level
Grade, between im-
pact and final rest = Level

TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-11

FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA

ACCIDENT DATA

Location/Street:	City Street
State:	Pennsylvania
Area/Type:	Urban, residential
Accident Date/Time:	██████ 1996 @ 7:50 a.m.
Investigating Police Agency:	Applicable City Police Department
Accident Type:	Car / Van - right angle
Occupant Injury Severity (air bag vehicle):	Corneal Abrasion Left Eye (AIS-1)

AMBIENT CONDITIONS

Light Conditions:	Daylight
Weather Condition:	Clear, (no clouds)
Precipitation:	None
Road Surface:	Dry
Temperature:	56 degrees F @ Philadelphia, Pennsylvania

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	City street	City street
Number of Travel Lanes:	Two-lanes, one-way	Two-lanes, one-way--one through lane, one right-turn lane
Width:	2.6 meters (8.7 feet)	2.6 meters (8.7 feet)
Surface Type:	Bituminous	Bituminous
Median:	None	None
Shoulders:	None	None

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Vertical alignment:	Level	Level
Horizontal alignment:	Straight	Straight
Estimated Coefficient of Friction:	.75	.75
Traffic Density:	Moderate per case vehicle's driver	Light per vehicle #2's driver

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	On colors traffic control signal vertically oriented	On colors traffic control signal vertically oriented
Signs:	Regulatory Sign, ONE-WAY,	Regulatory signs, ONE-WAY, 2-HOUR PARKING
Markings:	Stop bar, crosswalk, no lane lines	Stop bar, crosswalk, solid white lane separation line, right turn arrow for right turn lane
Speed Limit:	40 km.p.h. (25 m.p.h.)	40 km.p.h. (25 m.p.h.)

VEHICLES¹

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1992	1995
Make:	Ford	Dodge
Model:	Taurus GL	Ram van, B350
Body Type:	Four-door station wagon, six-passengers	3-door handicap equipped van, 5-passengers ¹
V.I.N.	1FALP57U0NG-----	2B7KB31Z2SK-----
Color:	Green	White
Mileage:	107,000 km (66,487 miles)	45,126 km (28,040 miles)

¹ There were only five seats in this vehicle, but it is possible that there were additional restraints available to "tie down" occupants seated in a wheel chair.

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Engine:	3.0 liters, V-6, SEFI	5.9 liters, V-8, OVH SMPI
Transmission:	Four-speed automatic	Four-speed automatic
Steering:	Power-assisted, rack-and-pinion	Power-assisted, recirculating ball
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front disc, rear drum
Padding:	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces	Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces
Active Restraints:	Three-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at front and rear center seating positions	Three-point, manual, lap and shoulder belts in left front seat position; modified handicapped three-point, manual, lap, and shoulder belts in rear seating positions
Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)	Factory installed driver supplemental restraint system (air bag)
Defects:	None	None
Fleet:	Private vehicle	Commercial
Tow status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Front	Left side
Vertical Location		
On Plane:	Bumper and above bumper	Sill

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)**Case Vehicle****Vehicle #2****Deployment Impact** (Continued)

Direct Begins:	At right front bumper corner and extends to the left front bumper corner	At the left front axle
Length Direct:	140 cm (55.1 in)	282 cm (111.0 in)
Field L:	140 cm (55.1 in)	286 cm (112.6 in)
C ₁ :	6 cm (2.4 in)	0 cm (0.0 in)
C ₂ :	6 cm (2.4 in)	18 cm (7.1 in)
C ₃ :	5 cm (2.0 in)	23 cm (9.1 in)
C ₄ :	5 cm (2.0 in)	19 cm (7.5 in)
C ₅ :	12 cm (4.7 in)	13 cm (5.1 in)
C ₆ :	15 cm (5.9 in)	0 cm (0.0 in)
D:	0 cm (0.0 in)	+20 cm (+7.9 in)
Maximum Crush:	63 cm (24.8 in)	23 cm (9.1 in)
Location:	C ₆	C ₃
CDC:	01-FDEW-3	10-LYLW-3
Damaged Components:	Bumper, grille, hood, left and right front headlight assemblies and fenders, and right front wheel cover	Left front door, left side surface, and left frame rail

INTERIOR

Damaged Components:	Driver and right front passenger side air bag modules, rearview mirror	Right front header area
Other Evidence of Occupant Contact:	Skin transfer on driver's side sunvisor and scuffs on glovebox door	None
Manual Restraint System Failures:	None	None
Seat Performance Failures:	None	None

REPAIR

Cost Estimate:	Unknown	Unknown
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VEHICLE VELOCITY ESTIMATES²

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	SMASH and EDCRASH	SMASH and EDCRASH
Program Algorithm:	Damage only	Damage only
Travel Speed ¹ :	40 km.p.h. (25 m.p.h.)	16 km.p.h. (10 m.p.h.)
Total Delta "V":	22 km.p.h. (14 m.p.h.)	11 km.p.h. (7 m.p.h.)
Longitudinal Delta "V":	-17 km.p.h. (-10 m.p.h.)	-7 km.p.h. (-4 m.p.h.)
Lateral Delta "V":	-14 km.p.h. (-9 m.p.h.)	+8 km.p.h. (+5 m.p.h.)

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver, the case vehicle (Taurus) was traveling west in the southern, westbound lane of a two-lane (i.e., two westbound through lanes), one-way, undivided, city street and was entering a four-leg, controlled (i.e., by an on-colors traffic signal) intersection intending to continue in its westward direction of travel. According to vehicle #2's driver, vehicle #2 had just dropped off a passenger along the west curb, two houses from the intersection, and pulled into the southbound right-hand turn lane of a two-lane (i.e., one southbound through lane and one southbound right-hand turn lane), one-way, undivided, city street. According to the Police Accident Report and vehicle #2's driver, vehicle #2 was traveling south and was attempting to continue in its southbound travel path through the intersection. According to the case vehicle's driver, she did not see vehicle #2 until just prior to impact and made no pre-crash avoidance maneuvers. According to the driver of vehicle #2, he also made no pre-crash avoidance maneuvers. The crash occurred in the four-leg intersection of the two city streets.

CRASH: According to the Police Accident Report, the scene evidence, the vehicle inspections, and the case vehicle drivers, the front of the case vehicle impacted the middle left of vehicle #2 causing the case vehicle's driver and right front passenger side supplemental restraint systems (air bags) to deploy. The front of the case vehicle underrode the left side of vehicle #2 causing both vehicles to rotate counterclockwise and travel toward the southwest corner of the intersection. Vehicle #2's counterclockwise rotation combined with the case vehicle's underide of its left side caused vehicle #2 to trip and roll over toward its right side. According to the scene evidence and the case vehicle's driver, the case vehicle rotated approximately 90 degrees counterclockwise after impact and came to rest, essentially in the intersection, heading south. According to the Police Accident Report, the scene evidence, and vehicle #2's driver, vehicle #2 struck during the rollover a traffic control signal pole (see **SELECTED PHOTOGRAPHS #67**) as well

² These speed estimates are based on driver interviews and the crash dynamics. For additional discussion, see the page entitled: TRC VECTOR ANALYSIS ITERATIONS.

COLLISION SEQUENCE (CONTINUED)

CRASH: (Continued)

as at least one of two side-by-side mailboxes (see **SELECTED PHOTOGRAPHS #5, #13, #17, and #67**) located on the southwest corner of the intersection. According to the scene evidence, vehicle #2 also struck a large tree (see **SELECTED PHOTOGRAPHS #13, #14, and #17**) with its front right roof (see **SELECTED PHOTOGRAPHS #67 through #69**). According to the diagram on the Police Accident Report and the scene evidence, vehicle #2 came to rest on its right side at the southwest corner of the intersection heading southeastward. According to the Police Accident Report, the falling traffic control signal pole struck and injured a pedestrian³ bystander on his left hand.

POST-CRASH:

Occupants: According to the Police Accident Report and the driver of the case vehicle, she remained inside the vehicle at final rest. According to the case vehicle's driver, she was conscious and was able to exit the case vehicle without assistance. According to the Police Accident Report and the driver of the case vehicle, the right front passenger also remained inside the vehicle at final rest. According to the case vehicle's driver, he was conscious and was able to exit the case vehicle without assistance. According to the Police Accident Report and the driver of vehicle #2, he remained inside the vehicle at final rest. According to vehicle #2's driver, he was conscious and was able to exit the case vehicle with some assistance. According to the Police Accident Report, safety belt usage for all three occupants is unknown. According to the case vehicle's driver, she was not using her available, manual, three-point, lap and shoulder belt. According to the case vehicle's driver and his medical records, the right front passenger was using his available, manual, three-point, lap and shoulder belt. According to the interview⁴ with the driver of vehicle #2, he was not using his available, manual, three-point, lap and shoulder belt.

Police: The investigating police agency was notified of the accident within a few minutes after occurrence and arrived on-scene within 16 minutes. Traffic control procedures were established and emergency medical and towing services were called to assist.

Rescue: According to the case vehicle's driver, she accompanied the right front passenger (i.e., son) to a medical facility, but did not require medical treatment. According to the Police Accident Report and the case vehicle's driver, the front right passenger was transported by ambulance to a medical facility where he was treated and released. According to the Police Accident Report and the driver of vehicle #2, he was transported by ambulance to a medical facility where he was

³ According to NASS CDS protocol this crash-related event does not qualify for inclusion among the crash events; see page AC-9 of the 1996 NASS CDS Data Collection, Coding, and Editing Manual.

⁴ The driver claimed that he was using his safety belts; however, according to the vehicle inspection and the driver's reported kinematics (i.e., that he struck the right front header/sunvisor area and ended up on the floor in the vehicle's right front entry door well), this contractor does not believe that the driver was restrained.

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Rescue: (Continued)

treated and released. According to the Police Accident Report, the pedestrian bystander was also transported to a medical facility. According to the case vehicle's driver she sustained soft tissue injuries to her face (i.e., forehead abrasion and left and right cheek contusions). According to the right front passenger's medical records and the case vehicle's driver (i.e., mother), he sustained abrasions to his left cornea, left cheek, and left upper arm from his deploying air bag and abrasions over his right clavicle and to his right chest from the torso portion of his safety belt.

Removal: Following the police investigation, both vehicles were towed from the scene.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	45 year-old	28 year-old
Sex:	Female	Male
Height:	170 cm (67 in)	185 cm (73 in)
Weight:	61 kg (135 lbs)	100 kg (220 lbs)
Occupation:	Professional (Advertising)	Service Worker (van driver)
Active Restraint System/Usage:	Three-point lap and shoulder/Not used	Three-point lap and shoulder belt/Not used
Usage Source:	Vehicle inspection and Interviewee	Vehicle inspection and occupant kinematics
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	Factory installed air bag/air bag did not deploy
Usage Source:	Vehicle inspection, Interviewee, and Police Accident Report	Vehicle inspection, Interviewee, and Police Accident Report
Eyeglasses/contacts:	Eyeglasses	Sunglasses
Vehicle Familiarity:	Eighteen months @ "a lot", but unknown amount of kilometers (mileage)	Two months, approximately 1,609 km (~ 1,000 mi) this vehicle
Route Familiarity:	Daily	Weekly

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

<u>DRIVERS:</u> (Continued)	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Trip Plan:	Home to school (i.e., taking son to school)	Work to work (i.e., dropping off and picking up passengers)
Manner of Leaving Scene:	Accompanied son in ambulance	Ambulance
Type of Medical Treatment:	None	Treated and released
<u>RIGHT FRONT PASSENGER:</u>	<u>Case Vehicle</u>	
Age:	12 year-old	
Sex:	Male	
Height:	170 centimeters (67 inches)	
Weight:	48 kilograms (106 pounds)	
Active Restraint System/Usage:	3-point lap and shoulder/Used	
Usage Source:	Vehicle inspection and Interviewee	
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	
Usage Source:	Vehicle Inspection, Interviewee, and Police Accident Report	
Eyeglasses/contacts:	None	
Manner of Leaving Scene:	Ambulance	
Type of Medical Treatment:	Treated and released	

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion forehead	290202.1,7	7	Sunvisor	{Certain}
Contusion right cheek under right eye	290402.1,1	7	Air bag, driver's side & eyeglasses	{Probable}
Contusion left cheek under left eye	290402.1,2	7	Air bag, driver's side & eyeglasses	{Probable}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion left cornea	240602.1,2	3	Air bag, passenger's	{Certain}
Abrasion below left eye	290202.1,2	3	Air bag, passenger's	{Certain}
Abrasion right chest	490202.1,1	7	Safety belt, torso portion	{Probable}
Abrasion over right clavicle	790202.1,1	3	Safety belt, torso portion	{Certain}
Abrasion left upper arm	790202.1,2	7	Air bag, passenger's	{Probable}

VEHICLE #2 DRIVER INJURIES⁵

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Strain, cervical	640278.1,6	7	Unknown ⁵	Unknown

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, immediately prior to the crash she was normally postured (i.e., seated upright with her back against the seatback, her left foot on the floor, her right foot on the accelerator, and both hands on the steering wheel. According to the case vehicle's driver, her seat track was located between its middle and forward-most position, and the tilt steering wheel was located in its middle position. According to the vehicle inspection, the driver's seat track was located at its forward-most position and, in this contractor's opinion⁶, was most likely located there at the time of the crash. According to the driver's interview, she was not wearing her available, active, three-point, lap and shoulder belt.

According to the vehicle inspection and the case vehicle's driver, she made no avoidance maneuvers prior to the crash. As a result she most likely maintained her pre-crash position just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles, the case vehicle's primary impact with vehicle #2 not only deployed the driver's side air bag, but thrust the driver

⁵ The exact source is unknown because there are multiple, plausible, injury mechanisms for this reported lesion.

⁶ The driver's height 170 centimeters (67 inches) was such that a researcher would have expected to have found her seat track positioned either where the driver claimed it was or at the center. However, based on our experience, occupant seat tracks are almost always move rearward (e.g., for extrication, component replacement, etc.) rather than forward. It is also possible that her seat track slid forward on impact; however, no evidence of seat track failure was found.

CASE VEHICLE DRIVER KINEMATICS (CONTINUED)

forward, upward⁷, and slightly rightward (i.e., because of the one o'clock PDOF) clearly loading the deploying air bag; in fact, the loading most likely caused the bottom cover to be pushed between the steering wheel spokes--see **SELECTED PHOTOGRAPH #42**. An inspection of the driver's air bag revealed no evidence of contact on the air bag. In addition, there was no indication of driver contact on the driver side air bag module's cover flaps. Based on the driver's close proximity to the steering wheel and the contact evidence noted during the vehicle inspection, it appears that the driver's principal movement was upward. The vehicle inspection, the case vehicle's driver, and her medical records all indicate that she struck her forehead on the driver's side sunvisor, slightly to the left of center; see **SELECTED PHOTOGRAPHS #43 and #44**. As the driver was loading the air bag, the case vehicle began to rotate counterclockwise. Because the driver was in contact with the air bag while the counterclockwise rotation was occurring, the left side of the vehicle naturally moved inward toward the driver. As a result, the driver struck the sunvisor slightly to the left of its center. The case vehicle's driver side supplemental restraint system (air bag) worked as designed and appears to have saved the driver from sustaining any serious injuries.

After loading the case vehicle's air bag and sunvisor, the driver most likely rebounded toward the driver's door surface and left side of her seat back (i.e., because of the counterclockwise rotation). As the case vehicle rotated to final rest, the driver may have moved toward her right after rebounding off the door surface. Although the case vehicle's driver has no recollection of her exact final rest position, she was most likely seated in her seat. The case vehicle's driver recalls telling the right front passenger (i.e., her son) to exit the case vehicle thinking that there was a fire inside her car because she saw what she thought was smoke (i.e., air bag's lubricant).

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS

This crash is of special interest because the case vehicle's right front child passenger sustained only a corneal abrasion from his deploying air bag. According to the case vehicle's driver (i.e., mother) and the right front passenger, immediately prior to the crash the right front passenger was abnormally postured (i.e., seated essentially upright, but turned toward the right and leaning slightly forward from the seatback, his feet on the floor, and both of his hands were holding a newspaper). According to the case vehicle's driver, the right front passenger's seat track was located between its middle and forward-most position. According to the vehicle inspection, the driver's seat track was located at its forward-most position and, in this contractor's opinion⁸, was most likely located there at the time of the crash. According to the driver's interview and this occupant's medical records (i.e., abrasions over his right clavicle from the torso portion of his safety belt), he was restrained by his available, active, three-point, lap and shoulder belt.

Since the case vehicle's driver did not attempt any avoidance maneuvers, the right front passenger remained in his pre-crash position just prior to impact.

⁷ The case vehicle's driver should have moved upward because of the solid nature of the crash (i.e., case vehicle was pushed downward, underriding vehicle #2 and was deflected southwestward) and the fact that she was unrestrained.

⁸ The right front passenger's height was identical to the driver's [i.e., 170 centimeters (67 inches)].

CASE VEHICLE PASSENGER KINEMATICS (CONTINUED)

Based on the vehicle and scene inspections and occupant kinematic principles, the case vehicle's primary impact with vehicle #2 not only deployed the right front passenger side air bag, but thrust the right front passenger forward and slightly rightward (i.e., because of the one o'clock PDOF) loading his safety belts and the deploying air bag. An inspection of the passenger's air bag revealed only evidence of newsprint and no contact evidence. In addition, there was no contact evidence on the passenger side air bag module's cover flap. Because the passenger's head was turned toward the right, the left side of his face struck the deploying air bag abrading the cornea of his left eye and his cheek below his eye. In addition as reported by the case vehicle's driver and the right front passenger's medical records, the torso portion of his safety belt abraded the area over his right clavicle. Because the passenger was restrained by his safety belts, he remained essentially in his pre-crash position during the crash. The case vehicle's right front passenger side supplemental restraint system (air bag) and safety belts worked as designed and appear to have saved the passenger from sustaining any serious injuries. In this contractor's opinion, had the passenger's seat been located further rearward, he most likely would not have sustained the corneal abrasion.

After loading the case vehicle's air bag and safety belts, the right front passenger most likely rebounded rearward and toward the left as the case vehicle rotated counterclockwise after the crash. As the case vehicle rotated to final rest, the right front passenger may have moved back toward his right after rebounding off his safety belt. According to the right front passenger, he could not recall his exact position at final rest, but indicated that he remained in his seat.

AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Diameter: 68 cm (26.8 in)	Width: 48 cm (18.9 in) Height: 58 cm (22.8 in)
Number of Vent Holes:	Two	Two
Vent Hole Diameter:	2.5 cm (1.0 in)	5.0 cm (2.0 in)
Vent Hole Clock Positions:	Approximately 11 and 1 o'clock	Approximately 8:30 and 9:30 o'clock
Number of Air Bag Tethers:	Two, 5.0 cm (2.0 in) strips	None
Number of Air Bag Module Cover Flaps:	Two	Two
Upper Cover Flap Dimensions:	Width: 21 cm (8.3 in) Height: 14 cm (5.5 in)	Width: 31 cm (12.2 in) Height: 7 cm (2.8 in)

AIR BAG SYSTEM (CONTINUED)

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Lower Cover Flap Dimensions:	Width: 21 cm (8.3 in) Height: 7 cm (2.8 in)	Width: 31 cm (12.2 in) Height: 6 cm (2.4 in)
Distance between Dash and Module's Cover Flap:	Not applicable	~ 10 cm (4.0 in)
Generant Residue:	No unusual amount found	No unusual amount found

Appendix A:

RECONSTRUCTION PROGRAM RESULTS:

SMASH
(DAMAGE ONLY ALGORITHM)

EDCRASH
(DAMAGE ONLY ALGORITHM)

TRC VECTOR ANALYSIS ITERATIONS

SMASH
(DAMAGE ONLY ALGORITHM --
INCLUDING
BARRIER EQUIVALENT SPEEDS)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

SMASH PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10

Primary
Sampling Unit

9611

Case No.-Stratum

01

Accident Event
Sequence No.

1 1 1

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

01

1992

FORD

TAURUS GL

04

01 FDEW3

40°

± 270°

VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

02

1995

DODGE

RAM VAN 3500

25

104Y LW3

50°

± 178°

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

Overall Length

Overall Width

Weight

1494 + 109 + 5 = 1608 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

269 cm

490 cm

181 cm

3.0 L

FWD

3

3

VEHICLE 2

Wheelbase

Overall Length

Overall Width

Weight

3112 + 100 + = 3212 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

324 cm

587 cm

201 cm

5.9 L

RWD

7

7

DAMAGE INFORMATION

VEHICLE 1

Damage Known?

Damage Length

Damage Offset

Crush Depth:

148 Y cm

0 cm

6 cm

6 cm

5 cm

5 cm

12 cm

15 cm

VEHICLE 2

Damage Known?

Damage Length

Damage Offset

Crush Depth:

286 Y cm

20 cm

0 cm

18 cm

23 cm

19 cm

13 cm

0 cm

National Accident Sampling System-Crashworthiness Data System: SMASH Program Summary

SCENE INFORMATIONRest and Impact Positions ☐ No ☐ Yes

VEHICLE 1

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE 2

Rest X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Impact X _____ m
 Position Y _____ m
 Heading Angle _____ °
 Slip Angle (-180 to +180) _____ °

VEHICLE MOTIONSustained Contact ☐ No ☐ Yes

VEHICLE 1

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ YesSustained Contact ☐ No ☐ Yes

VEHICLE 2

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ Yes**FRICTION INFORMATION**

Coefficient of Friction _____

Rolling Resistance Option _____

1

Vehicle 1 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

Vehicle 2 Rolling Resistance

LF _____
 RF _____
 LR _____
 RR _____

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and Attach the appropriate
 damage sketch and dimensions to the form

Summary of Results Using Damage

SCI 96-11 PA.

Speed Change
(Damage)

Vehicle #1

Total 22 km/h (14 mph)

Longitudinal -17 km/h (-10 mph)

Latitudinal -14 km/h (-9 mph)

PDOF Angle 40 ½

Energy Dissipated = 18901 Joules (13938 Ft-Lb)

Barrier Equivalent Speed = 12.9 km/h (8.0 mph)

Calculated using size and stiffness categories.

Vehicle #2

Total 11 km/h (7 mph)

Longitudinal -7 km/h (-4 mph)

Latitudinal 8 km/h (5 mph)

PDOF Angle -50 ½

Energy Dissipated = 50643 Joules (37348 Ft-Lb)

Barrier Equivalent Speed = 19.3 km/h (12.0 mph)

Calculated using size and stiffness categories.

General Information			
	Vehicle #1		Vehicle #2
	áááááááááá		áááááááááá
Year	1992		1995
Make	FORD		DODGE
Model	Taurus GL		RAM VAN 3500
CDC	01FDEW3		10LYLW3
Side Damaged	F		L
PDOF Angle	40 ½		-50 ½
Heading Angle	270 ½		178 ½
Calculation method:	Size and Stiffness		Size and Stiffness
Size Category	3		7
Stiffness Category	3		7
Vehicle Weight	1608 kgs (3545 lbs)	3212 kgs (7081 lbs)	

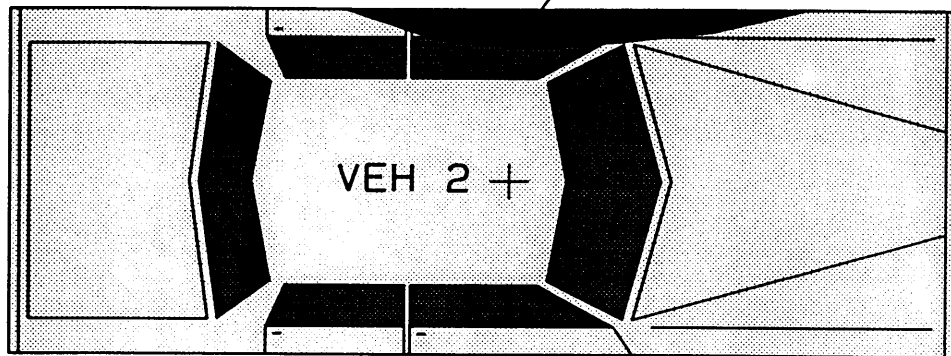
Damage Information

Vehicle Damage Known	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
Crush Length	Yes	Yes
C1	148.0 cm (58 in)	286.0 cm (113 in)
C2	6.0 cm (2 in)	0.0 cm (0 in)
C3	6.0 cm (2 in)	18.0 cm (7 in)
C4	5.0 cm (2 in)	23.0 cm (9 in)
C5	5.0 cm (2 in)	19.0 cm (7 in)
C6	12.0 cm (5 in)	13.0 cm (5 in)
D	15.0 cm (6 in)	0.0 cm (0 in)
D'	0.0 cm (0 in)	20.0 cm (8 in)
	14.4 cm (6 in)	12.6 cm (5 in)

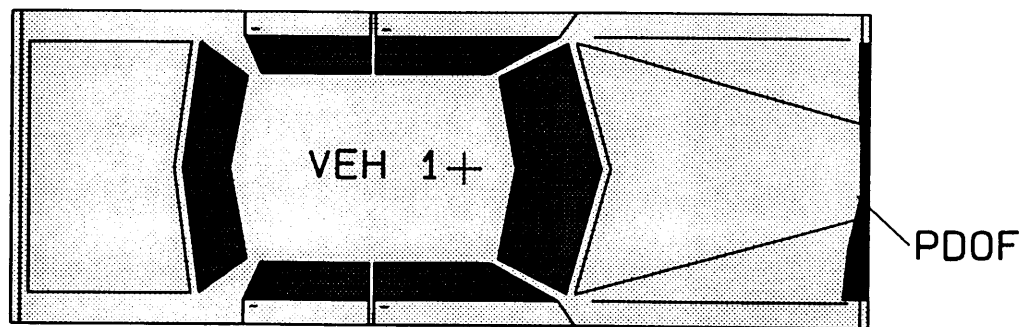
Vehicle Dimensions

	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
Length	490.0 cm (193 in)	587.0 cm (231 in)
Width	181.0 cm (71 in)	201.0 cm (79 in)
Wheelbase	269.0 cm (106 in)	324.0 cm (128 in)
Weight	1608 kgs (3545 lbs)	3212 kgs (7081 lbs)
CG to Front of Veh	228.1 cm (90 in)	192.0 cm (76 in)
Engine Displacement	3.0 liters	5.9 liters
Moment of Inertia	348800 kgs (30873 lbs)	999885 kgs (88502 lbs)
Vehicle Mass	1608 kgs (9.2 lb-s^2/in)	3211 kgs (18.4 lb-s^2/in)

1995 DODGE RAM VAN 3500



1992 FORD Taurus GL



EDCRASH
(DAMAGE ONLY ALGORITHM)

S U M M A R Y O F E D C R A S H R E S U L T S

Lic. User: NHTSA #8 S/N: 0266-8 Version: 4.61

Date: ██████-1996

SCI 96-11 PA.

MESSAGES:

NO MESSAGES

VEHICLE # 1

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		22.4	-17.2	-14.4	DAMAGE DATA ONLY

VEHICLE # 2

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		11.2	-7.2	8.6	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA
(NOTE: '**' indicates default value)

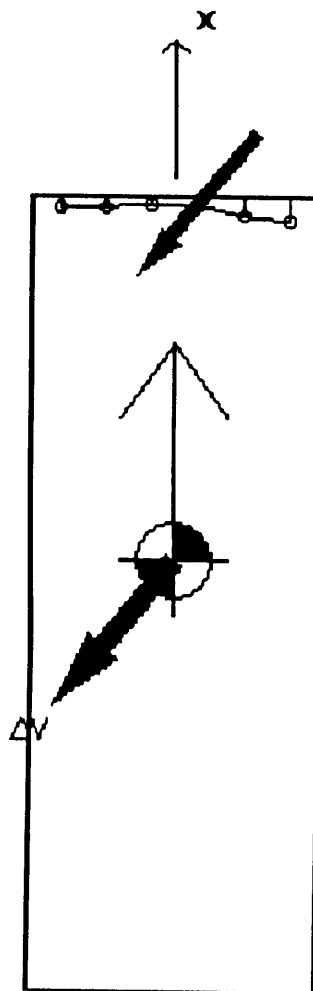
	Vehicle #1	Vehicle #2
CLASS / STIFFNESS CATEGORIES	3 / 3	7 / 6
WEIGHT	1608.0 kg	3212.0 kg
CDC	01FDEW3	10LYLW3
DAMAGE WIDTH	148.0 cm	286.0 cm
CRUSH DEPTH 1	6.0 cm	0.0 cm
CRUSH DEPTH 2	6.0 cm	18.0 cm
CRUSH DEPTH 3	5.0 cm	23.0 cm
CRUSH DEPTH 4	5.0 cm	19.0 cm
CRUSH DEPTH 5	12.0 cm	13.0 cm
CRUSH DEPTH 6	15.0 cm	0.0 cm
DAMAGE MIDPOINT OFFSET	0.0 cm	20.0 cm
DAMAGE ENERGY	24308.5 Joules	49535.3 Joules
MAGNITUDE OF PRINCIPAL FORCE	164702.5 N	292352.8 N
DIRECTION OF PRINCIPAL FORCE	40.0 deg	-50.0 deg
MOMENT ARM OF PRINCIPAL FORCE	-132.6 cm	-49.2 cm
DAMAGE CENTROID	14.4 cm	12.6 cm

DIMENSIONAL, INERTIAL AND CRUSH STIFFNESS PROPERTIES
(NOTE: '**' indicates default value)

	Vehicle #1		Vehicle #2	
CG TO FRONT AXLE	130.3 cm	**	123.2 cm	**
CG TO REAR AXLE	141.0 cm	**	174.0 cm	**
TRACKWIDTH	149.6 cm	**	171.7 cm	**
YAW MOMENT OF INERTIA	3445.7 kg-m ²	**	7688.4 kg-m ²	**
MASS	1605.3 kg		3206.7 kg	
BODY LENGTH FROM CG TO FRONT	228.1 cm	**	192.0 cm	**
BODY LENGTH FROM CG TO REAR	-270.3 cm	**	-271.8 cm	**
BODY OVERALL WIDTH	184.4 cm	**	200.7 cm	**

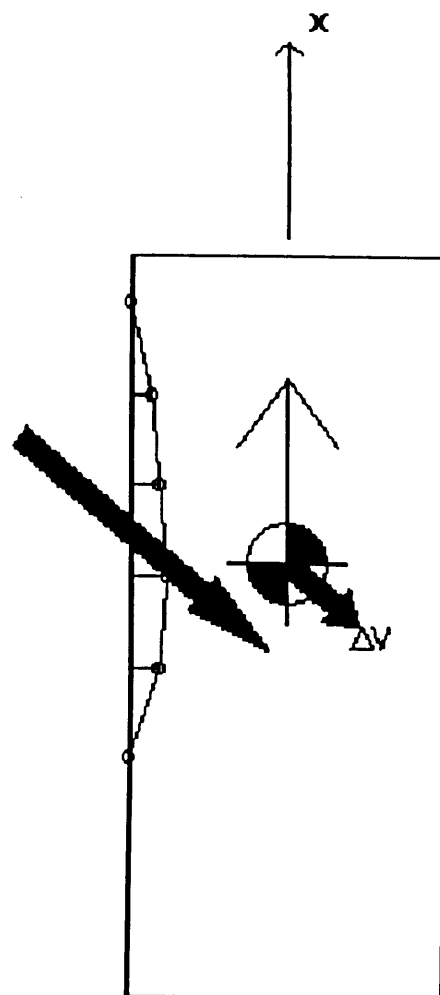
CRUSH STIFFNESSES:	A	B	A	B
	lb/in	lb/in ²	lb/in	lb/in ²
	317.4 **	55.9 **	176.5 **	47.1 **

Vehicle No. 1



CDC/PDOF: 01FDEW3 40.0 deg
Max Impact Force: 164703 N

Vehicle No. 2

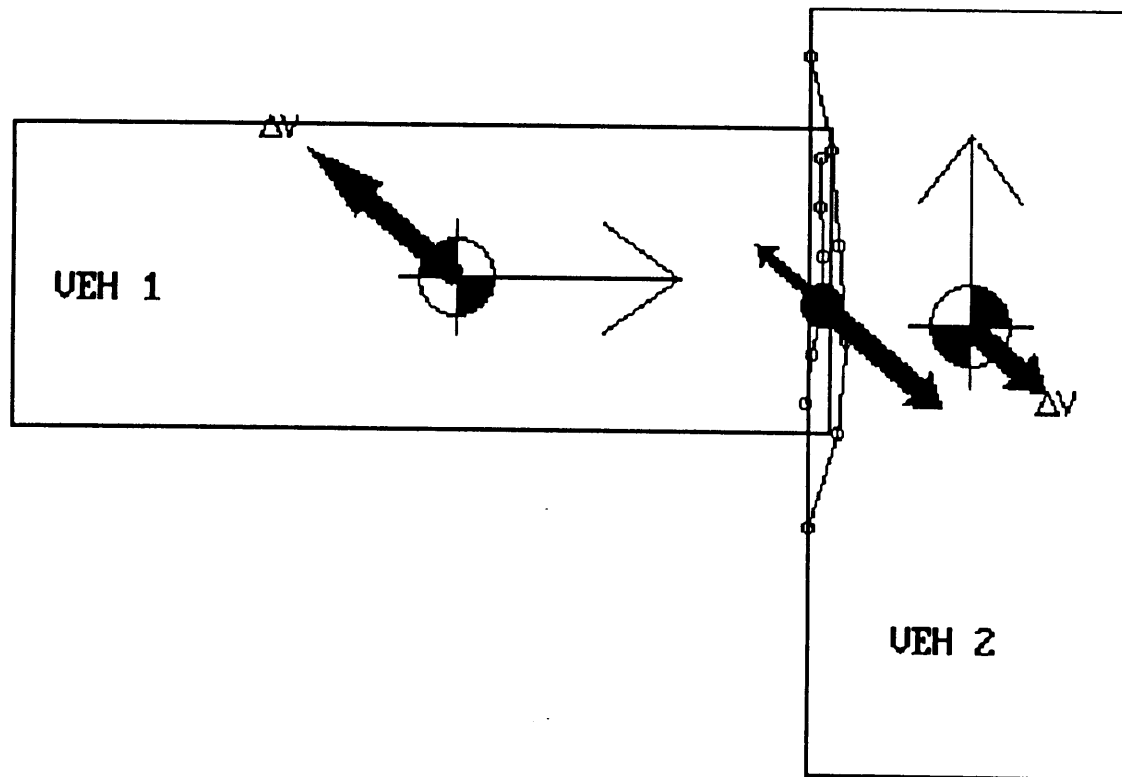


CDC/PDOF: 10LYLW3 -50.0 deg
Max Impact Force: 292353 N



EDCRASH
Damage Profiles

	Veh #1	Veh #2
Delta-U (km/h):		
X	-17.2	-7.2
Y	-14.4	8.6
Tot	22.4	11.2
Crush Data (cm):		
W	148.0	286.0
D	0.0	20.0
C1	6.0	0.0
C2	6.0	18.0
C3	5.0	23.0
C4	5.0	19.0
C5	12.0	13.0
C6	15.0	0.0



EDCRASH
At Impact

	Veh #1	Veh #2
Delta-U (km/h)		
(BASIS: Damage)		
X	-17.2	-7.2
Y	-14.4	8.6
Tot	22.4	11.2
PDOF	40.0	-50.0

UNITS: km/h,m,deg

(NO SCENE DATA)

TRC VECTOR ANALYSIS ITERATIONS

The TRC Vector Analysis program was used to determine the resultant theoretical Direction of Principal Force (PDOF) for both vehicles. Heading angles were determined from a combination of the Police Accident Report, the scene, and the vehicle inspections, and weights were obtained from original specifications and interviewees. Based on our inspection of the each vehicle's crush, this contractor initially estimated the PDOFs as +40 degrees for the case vehicle and -50 degrees for vehicle #2.

The driver of the case vehicle indicated in her interview that she did not know how fast she was going prior to impact; the posted SPEED LIMIT was 40 km.p.h. (25 m.p.h.). The case vehicle's driver indicated that she never saw vehicle #2 until just prior to impact, and therefore, made no evasive maneuvers. The driver of the case vehicle indicated in her interview that she thought that she was traveling about 16 km.p.h. (10 m.p.h.) at the time of impact, but she really was not certain. Because the case vehicle's momentum was sufficient to cause vehicle #2 to roll over, this contractor believes that her speed at impact was most likely 40-48 km.p.h. (25-30 m.p.h.). The driver of vehicle #2 indicated that vehicle #2 had just pulled out into traffic (i.e., traveling straight in a right turn lane) after having dropped off a passenger along the west curb, about two houses from the four-leg intersection. According to vehicle #2's driver, he was crossing through the intersection, traveling about 16 km.p.h. (10 m.p.h.), when the crash occurred. According to the driver of vehicle #2, he indicated that he never saw the case vehicle. Based on the vehicle dynamics, vehicle #2 most likely was going approximately 16 km.p.h. (10 m.p.h.) at impact.

Six iterations of vehicle speeds are shown below: 32-48 km.p.h. (20-30 m.p.h.) for the case vehicle and 16-24 km.p.h. (10-15 m.p.h.) for vehicle #2. The program indicates that: (1) as the case vehicle's speed increases, the force colinearity vector rotates approximately -5 degrees for both vehicles, and (2) as vehicle #2's speed increases, the force colinearity vector rotates approximately +11 degrees for both vehicles. Overall the force colinearity vector rotates from -50 degrees toward -30 degrees for vehicle #2, while moving between +30 and +50 degrees for the case vehicle. Iteration number three most closely matches the observed vehicle crush. Therefore, the impact speeds for the case vehicle and vehicle #2 are most likely 40 km.p.h. (25 m.p.h.) and 16 km.p.h. (10 m.p.h.), respectively. In accordance with NASS, CDS protocol, the PDOFs were assigned at +40 for the case vehicle and -50 for vehicle #2.

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-11

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	270	178	
CG Heading Angle	270	178	(1)
CRASH 3 Slip Angle	0	0	
Weight-Cargo	5	0	
Weight-Vehicle Curb Wt	1494	3112	
Weight-Passenger(s)	109	100	
Weight-Total	1608	3212	
Estimated Speed	48 (30)	16 (10) m.p.h	
Momentum	77184	51392	
PDOF (Degrees)	33	-55	██/91 STM
PDOF (Clock Direction)	1	10	
Theoretical Delta V	34.1	17.1	
Theoretical Common Vel.		18.9	Post-Crash CG Heading 236

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-11

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	270	178	
CG Heading Angle	270	178	(2)
CRASH 3 Slip Angle	0	0	
Weight-Cargo	5	0	
Weight-Vehicle Curb Wt	1494	3112	
Weight-Passenger(s)	109	100	
Weight-Total	1608	3212	
Estimated Speed	48 (30)	24 (15) m.p.h.	
Momentum	77184	77088	
PDOF (Degrees)	44	-44	██/91 STM
PDOF (Clock Direction)	1	11	
Theoretical Delta V	36.3	18.2	
Theoretical Common Vel.		22.2	Post-Crash CG Heading 224

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-11

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	270	178	
CG Heading Angle	270	178	
CRASH 3 Slip Angle	0	0	(3)
Weight-Cargo	5	0	
Weight-Vehicle Curb Wt	1494	3112	
Weight-Passenger(s)	109	100	
Weight-Total	1608	3212	
Estimated Speed	40 (25)	16 (10) m.p.h.	
Momentum	64320	51392	
PDOF (Degrees)	(38)	(-50)	███/91 STM
PDOF (Clock Direction)	(1)	(10)	
Theoretical Delta V	29.1	14.5	
Theoretical Common Vel.		16.8	Post-Crash CG Heading 231

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-11

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	270	178	
CG Heading Angle	270	178	
CRASH 3 Slip Angle	0	0	(4)
Weight-Cargo	5	0	
Weight-Vehicle Curb Wt	1494	3112	
Weight-Passenger(s)	109	100	
Weight-Total	1608	3212	
Estimated Speed	40 (25)	24 (15) m.p.h.	
Momentum	64320	77088	
PDOF (Degrees)	(49)	(-39)	███/91 STM
PDOF (Clock Direction)	(2)	(11)	
Theoretical Delta V	31.6	15.8	
Theoretical Common Vel.		20.5	Post-Crash CG Heading 219

TRC VECTOR ANALYSIS PROGRAM

PDOF (Direction of Principal Force) is assigned based on the vehicular crush. Heading Angles are assigned based on scene evidence and Police Accident Reported crash configurations. This program was created to enable researchers in the NASS CDS to assess the compatibility of their assigned vehicle PDOFs and heading angles. When two vehicles are involved in an impact, researchers were often times submitting PDOFs that were not compatible with their heading angle assignments, indicating a lack of understanding of basic vector analysis concepts. Subsequently, the TRC has used this program to help verify our field PDOF assignments by making logical changes in the reconstructed crash configuration and determining the affect these changes have on PDOF.

Principal: This program is based on the geometric triangle rule (i.e., the sum of the three angles of a triangle must equal 180 degrees). The direction of one vehicle's (e.g., the case vehicle or Vehicle #1) CG (i.e., Center of Gravity) forms one side of the triangle. The direction of the other vehicle's (e.g., Vehicle #2) CG forms a second side of the triangle. The third side of the triangle is then formed by each vehicle's respective PDOF because the forces are assumed to act collinear.

Assumptions: It is assumed that each vehicle's weight can be represented by a "*point-mass*". It is assumed that the vector force acting on each vehicle goes through the center of gravity (i.e., CG) of the vehicle. Further, it is assumed that the vehicles move off together joined as one object. This program does not take into affect the mass reduction that occurs in other reconstruction programs since its primary purpose is to check the compatibility of the field determined PDOF and Heading Angle.

Inputs: Heading Angle, Slip Angle ("*Yaw*"), Weights (Curb Weight, Cargo Weight, and Weight of all occupants), and Speed

Outputs: This program's primary output is each vehicle's theoretical PDOF, presented in both degrees and CDC clock directions. Other outputs include a theoretical Delta V and a theoretical Common Velocity. The theoretical Delta V shows the maximum Delta V for the given speeds and weights assuming a dead center impact. For special crash investigation purposes, the last two outputs should be essentially ignored.

Use: The TRC uses this program on nonaxial collisions involving two vehicles to vary the "*less established inputs*" in order to determine what theoretical affect these changes have on our field observed PDOFs. The most solid input is the weights of the respective vehicles. Even though the cargo weight is rarely accurately known, its order of magnitude is such that in the vast majority of crashes its affect is minor. The next solid inputs are the vehicle's heading angle and slip angle. In most cases these are fairly well known from the available physical evidence. The least solid input is the vehicle's speed. The submitted iterations show the inputs and what variations to those inputs that the TRC took into consideration. The PDOF outcomes are then compared with our field observed PDOF and adjustments are made, if necessary, in our final coding.

Purpose: This program is but one more tool in the hands of a researcher aimed at providing the best data.

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-11

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	270	178	(5)
CG Heading Angle	270	178	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	5	0	
Weight-Vehicle Curb Wt	1494	3112	
Weight-Passenger(s)	109	100	
Weight-Total	1608	3212	
Estimated Speed	32 (20)	16 (10) m.p.h.	
Momentum	51456	51392	
PDOF (Degrees)	44	-44	██/91 STM
PDOF (Clock Direction)	1	11	
Theoretical Delta V	24.2	12.1	
Theoretical Common Vel.		14.8	Post-Crash CG Heading 224

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-11

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	
Ln. Axis Heading Angle	270	178	(6)
CG Heading Angle	270	178	
CRASH 3 Slip Angle	0	0	
Weight-Cargo	5	0	
Weight-Vehicle Curb Wt	1494	3112	
Weight-Passenger(s)	109	100	
Weight-Total	1608	3212	
Estimated Speed	32 (20)	24 (15) m.p.h.	
Momentum	51456	77088	
PDOF (Degrees)	55	-33	██/91 STM
PDOF (Clock Direction)	2	11	
Theoretical Delta V	27.1	13.6	
Theoretical Common Vel.		18.9	Post-Crash CG Heading 212

Appendix B:

SELECTED PHOTOGRAPHS

A total of eighty color copies of photographs are presented and referenced as Photograph #01 through Photograph #80. All of these photographs were taken by the Transportation Research Center.



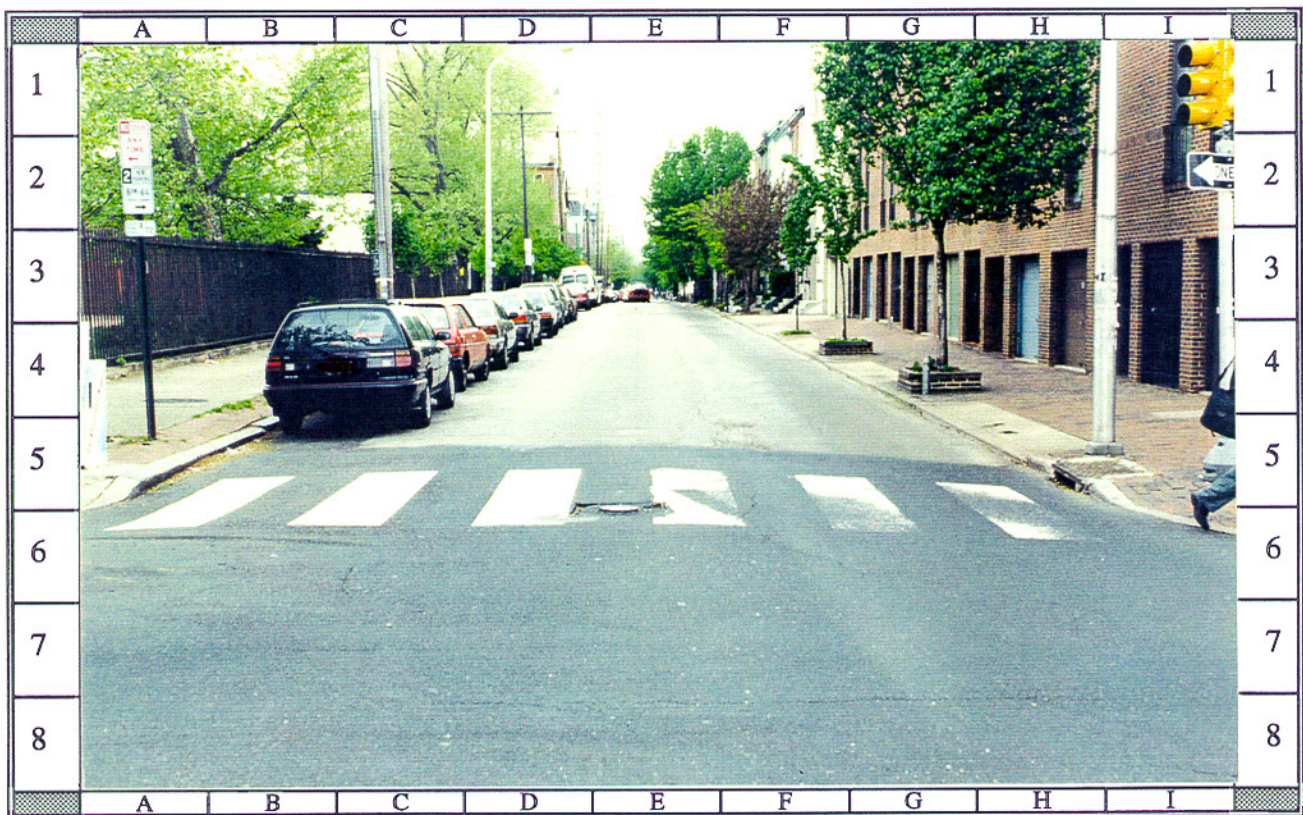
01: Case Vehicle's travel path in southern westbound lane of two-lane, one-way roadway approximately 30 meters (98 feet) from impact in intersection



02: Case Vehicle's travel path in southern westbound lane of two-lane, one-way roadway approximately 15 meters (49 feet) from impact in intersection



03: Case Vehicle's travel path in southern westbound lane of two-lane, one-way roadway entering intersection approximately 5 meters (16 feet) from impact



04: Case Vehicle's travel path in intersection at approximate point of impact with Vehicle #2; NOTE: Vehicle #2's tire marks (cells A6--C6)



05: West-southwest view of loading mark from Case Vehicle's right front tire (cells B6--E7) and Vehicle #2's right side tires (cells B4--F5, RF, and E4--I5, RR)



06: Eastward view of Case Vehicle's travel path in southern westbound lane of two-lane, one-way roadway from just beyond area of impact; NOTE: tire marks



07: Vehicle #2's travel path in southbound right turn lane; NOTE: Vehicle #2 had just entered roadway from a parked position



08: Vehicle #2's travel path in southbound right turn lane approximately 15 meters (49 feet) from impact in intersection with Case Vehicle



09: Vehicle #2's travel path in southbound right turn lane approximately 5 meters (16 feet) from impact with Case Vehicle



10: Vehicle #2's travel path immediately prior to impact with Case Vehicle; see tire marks on southwest corner (cells F6, CV's RF, and H7--I7, V2's RF and RR)



11: Vehicle #2's south-southwestward travel path after impact and prior to rolling over; see tire marks (cells B6--D6, CV's RF; F5--F6, V2's RF; and H6--I7, RR)



12: Close-up of loading marks from Vehicle #2's right front and right rear tires prior to rolling over and subsequent impacts with light pole, mailboxes, and tree



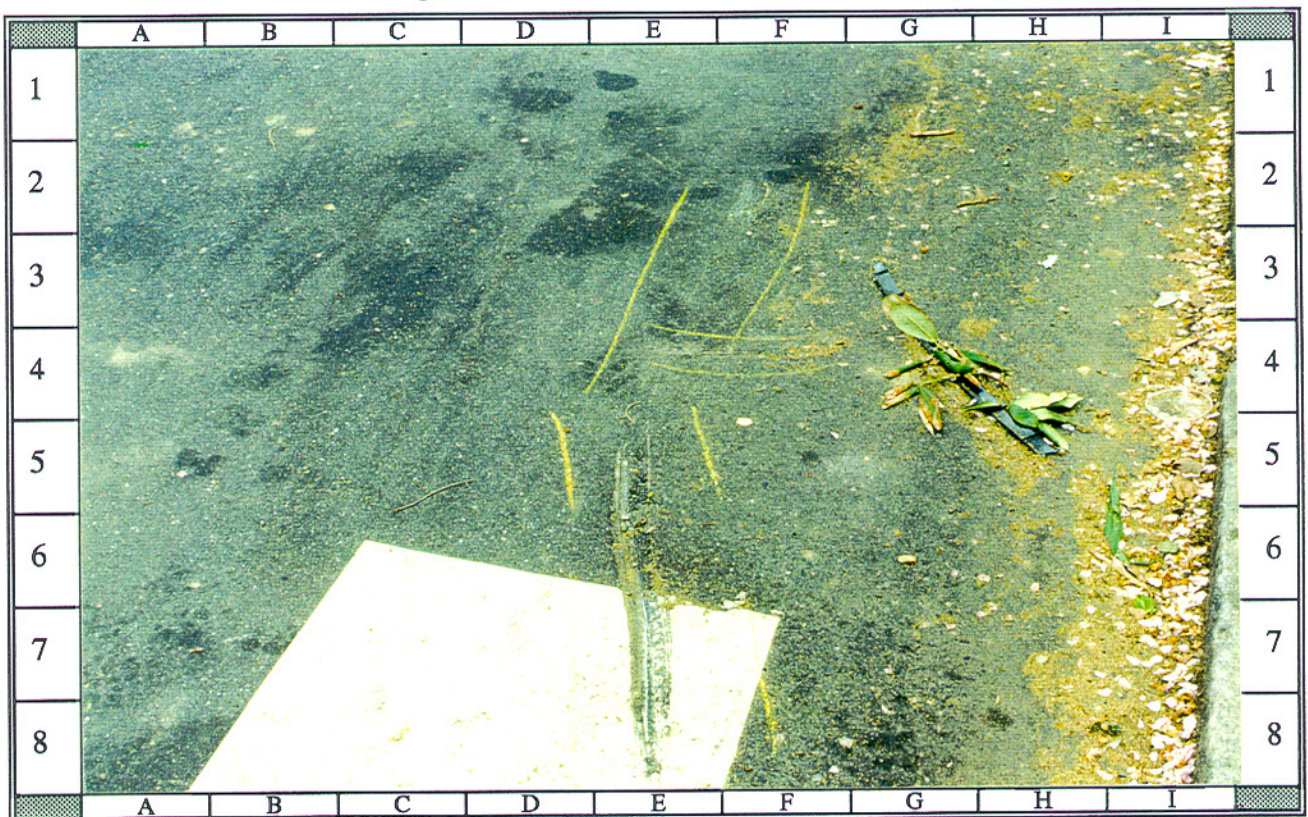
13: Vehicle #2's southward travel path as it rolled over, striking the light pole, two mailboxes--which were moved (see **Photograph #05** above), and the tree



14: Close-up view of scratches (cells G7--G8) and gouges (cells C7--C8) deposited by Vehicle #2 as it rolled over coming to rest partially on the sidewalk



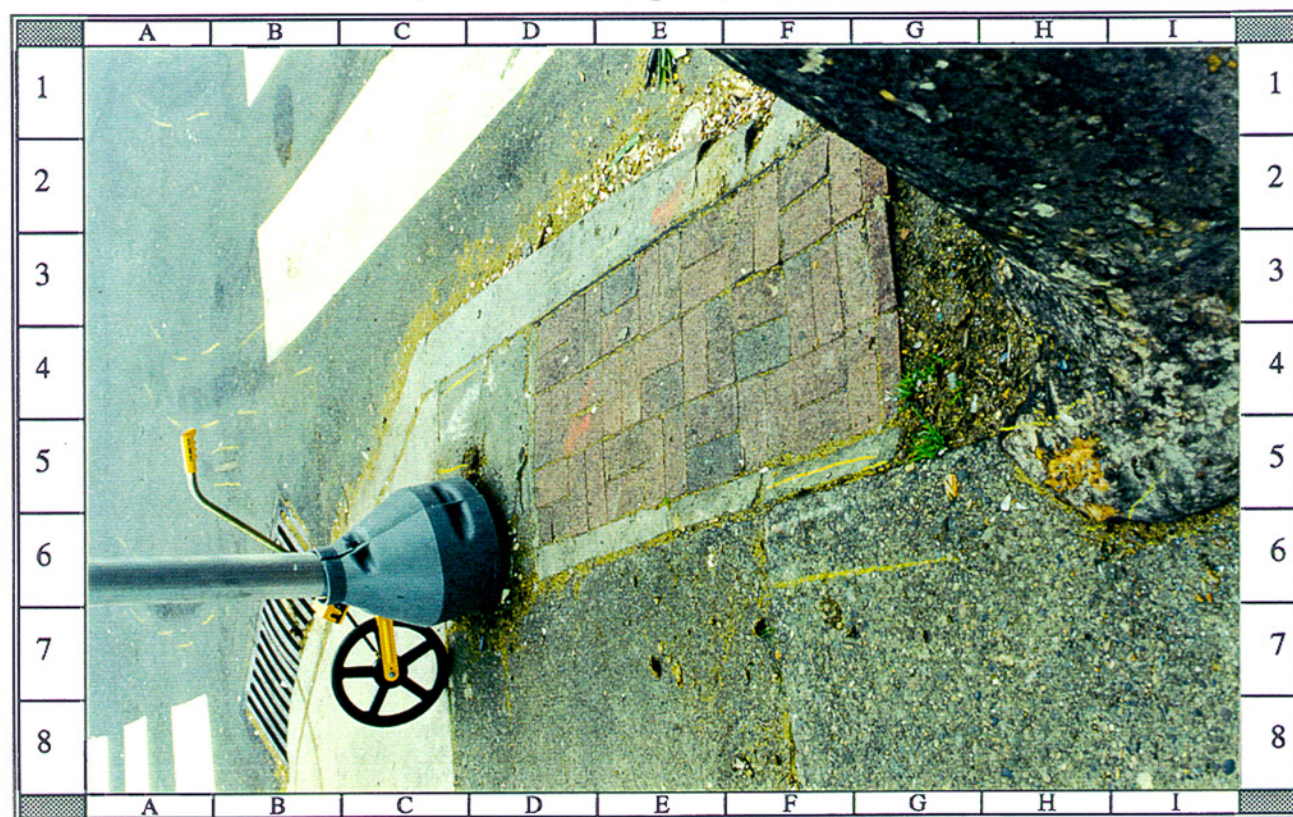
15: Close-up, looking southwestward, of light pole struck by Vehicle #2 during its rollover onto its right side



16: Close-up, looking south-southeastward, of gouges and scrapes on roadway deposited by Vehicle #2 as it slid on its right side to final rest



17: Southwestward view of scrapes on curb and sidewalk deposited by Vehicle #2 as it slid to final rest; NOTE: tree impact (cells A2--A3) from right front roof



18: Northward view of scrapes on sidewalk and at base of tree deposited by mail-boxes which were knocked over by Vehicle #2 during its rollover



19: North-northwestward view from beyond final rest of gouges, scrapes, and tire marks left by Vehicle #2's slide to final rest



20: Northward view of Vehicle #2's travel path in southbound right turn lane; NOTE: two tire marks on left are from Vehicle #2; mark on right is from Case Vehicle



21: Case Vehicle's damaged front viewed from bumper level with contour gauge present at bumper level; NOTE: primary damage is above bumper

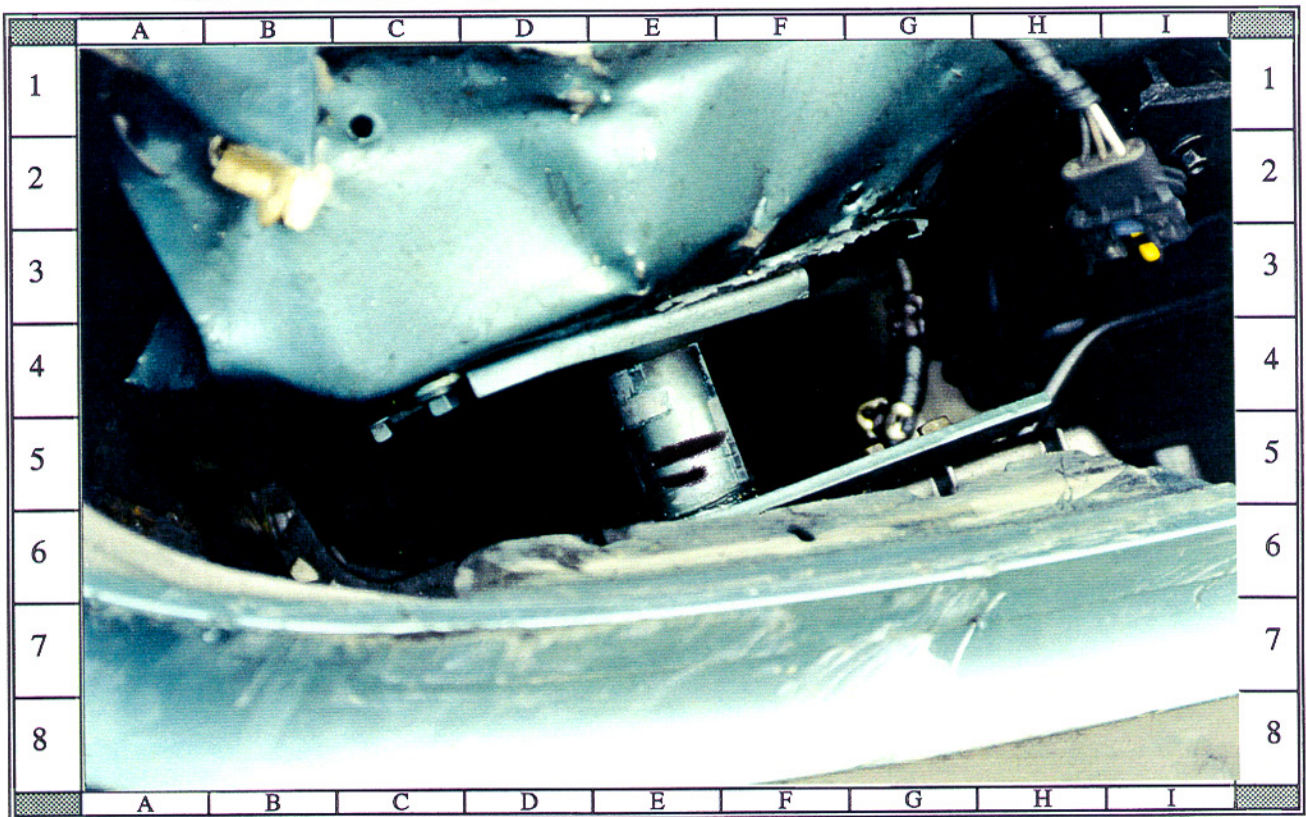


22: Case Vehicle's damaged front viewed from above bumper level; NOTE: hood shifted to left during rotation with 1995 Dodge Ram Van

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI

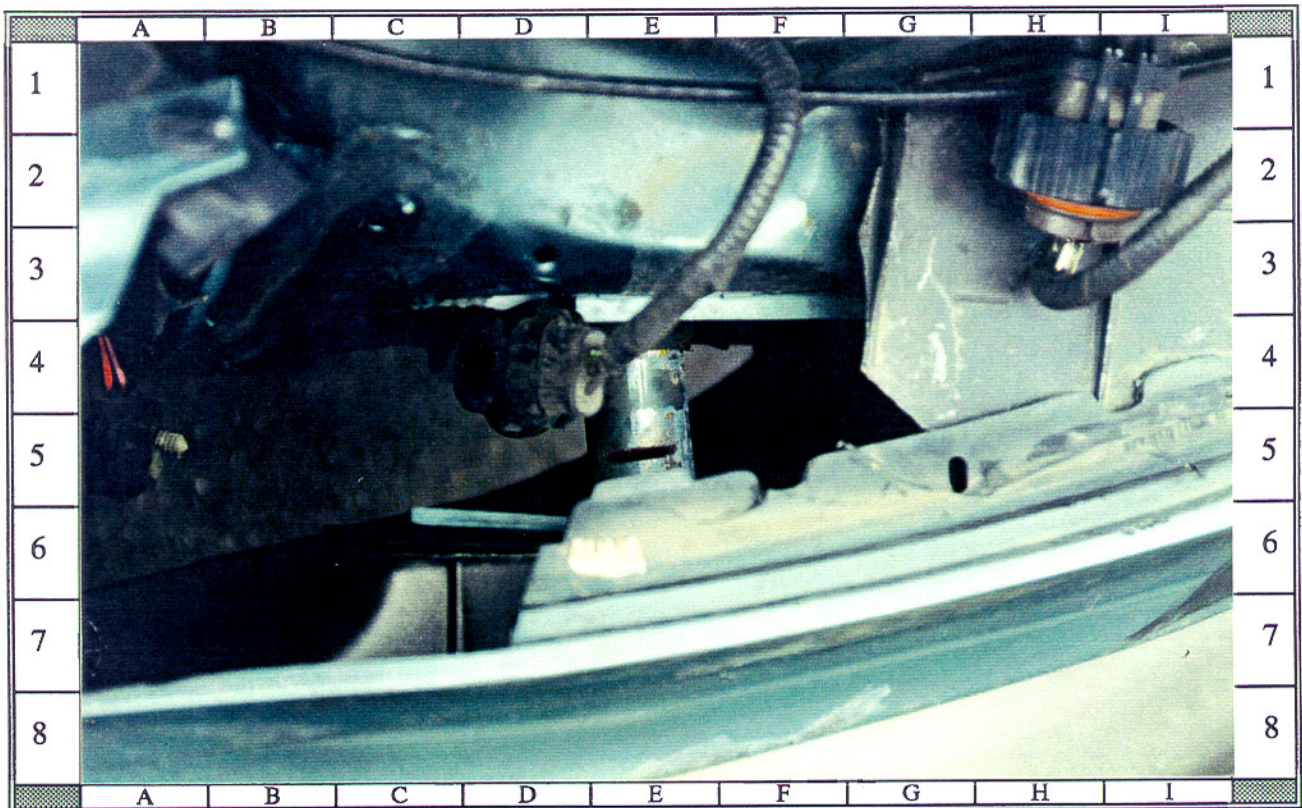


23: Overhead view of Case Vehicle's frontal crush; NOTE: hood damage pattern and right (cell C5) and left (cell G6) "EAD"s



24: Overhead close-up of Case Vehicle's right EAD showing full stroke movement from impact with 1995 Dodge Ram Van's left side

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI

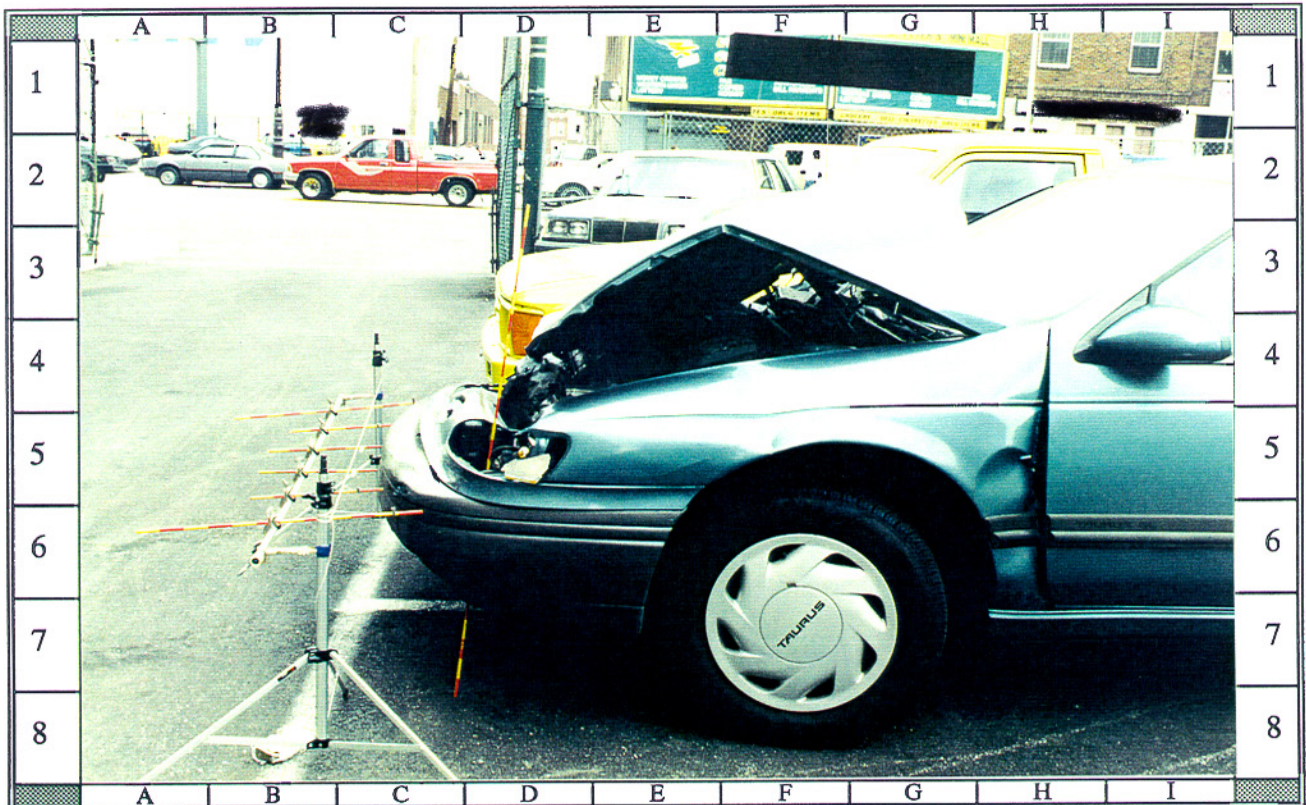


25: Overhead close-up of Case Vehicle's left EAD showing full stroke movement from impact with 1995 Dodge Ram Van's left side



26: Case Vehicle's damaged front viewed from approximately 45 degrees left of front with contour gauge present at bumper level crush

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI



27: Reference line view from left of Case Vehicle's frontal damage showing uneven damage pattern; NOTE: induced damage to left fender near door



28: Case Vehicle's left side, showing induced damage to left fender, and undamaged back viewed from approximately 60 degrees left of back

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI

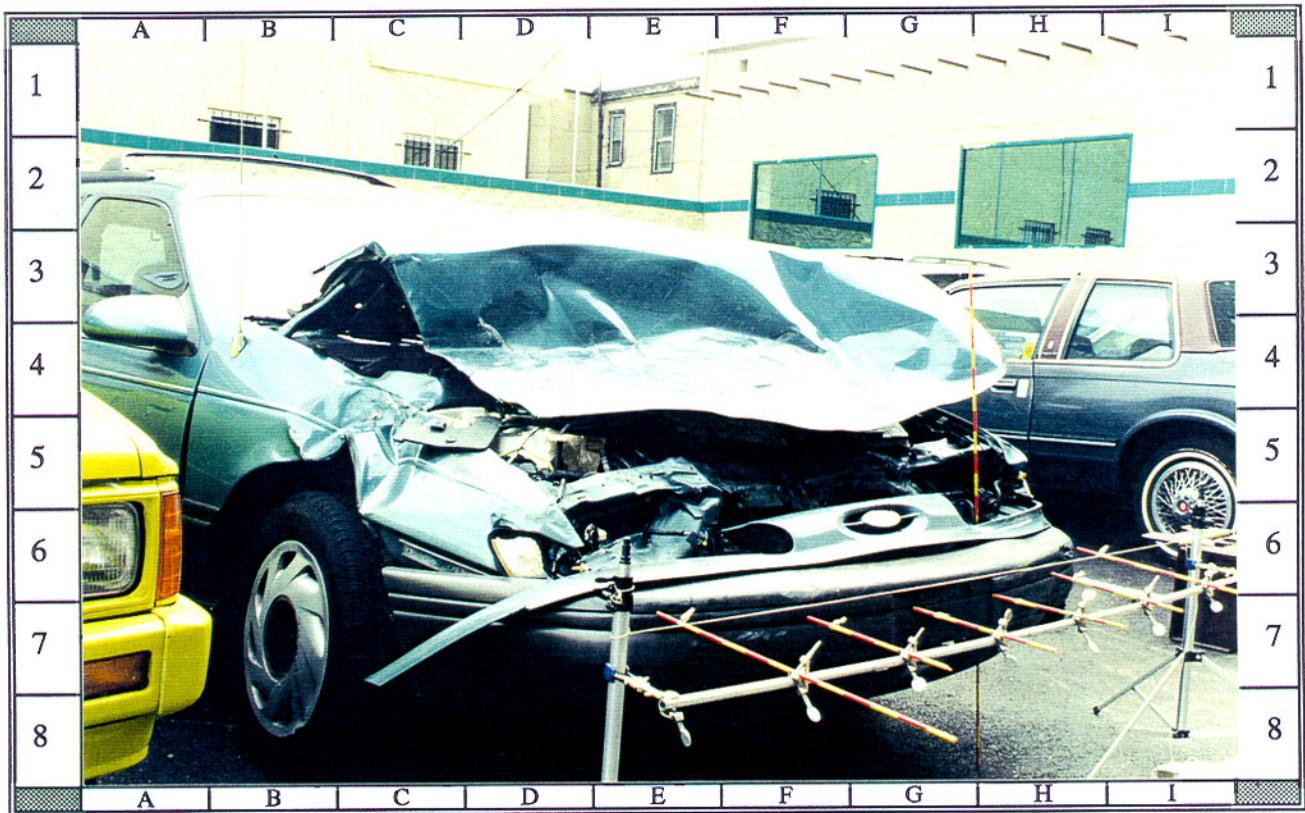


29: Case Vehicle's undamaged back, right middle, and right rear from approximately 20 degrees right of back

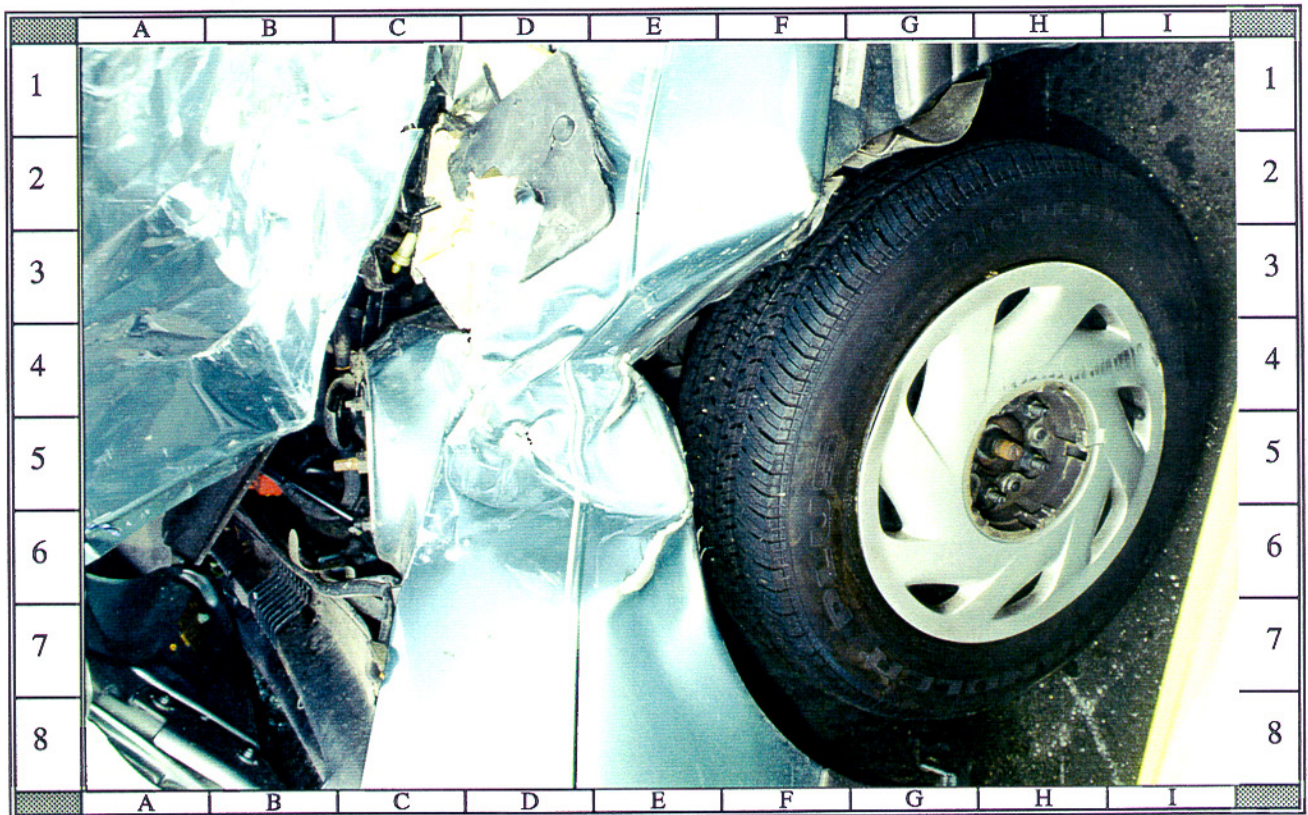


30: Close-up of Case Vehicle's undamaged right rear from approximately 30 degrees right of back

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI



31: Case Vehicle's damaged front viewed from approximately 45 degrees right of front; NOTE: direct damage to right fender and right front wheel

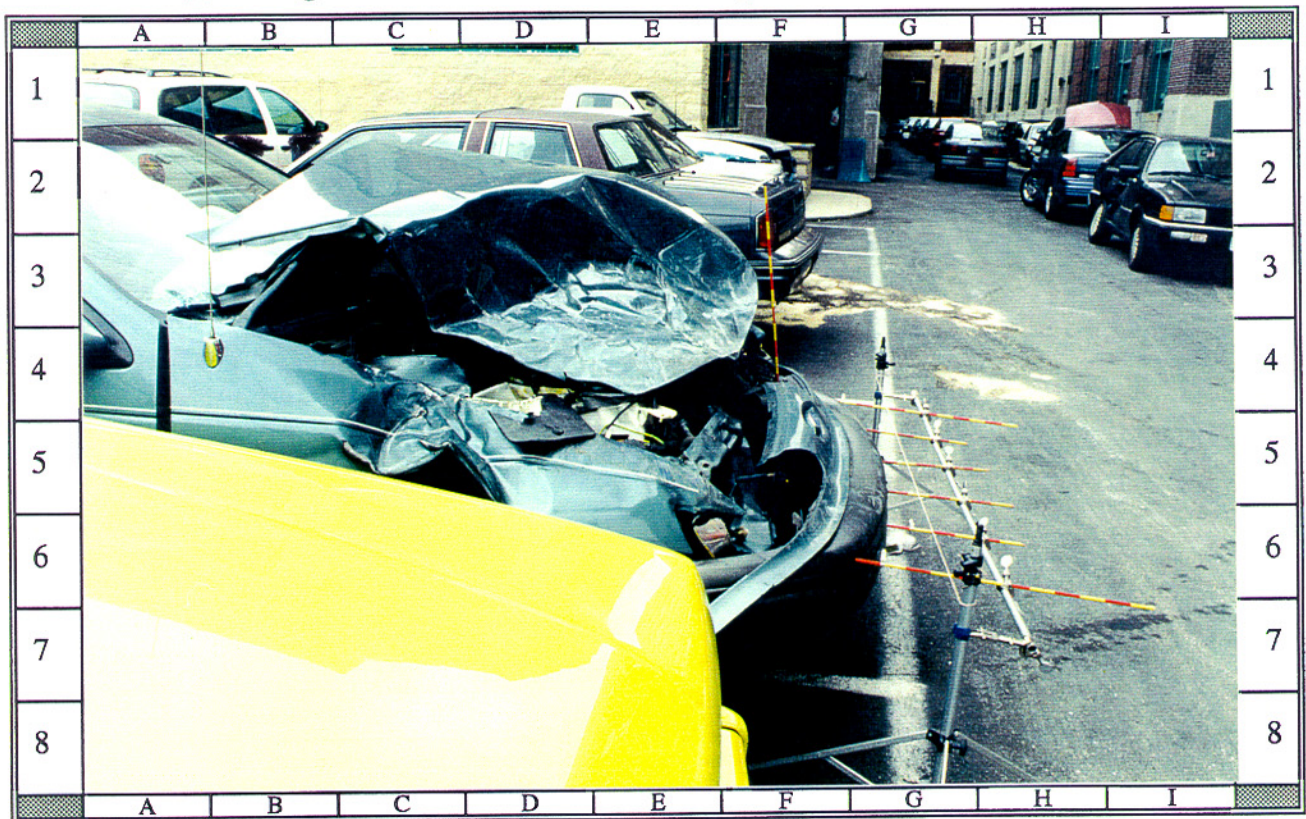


32: Close-up of direct damage to Case Vehicle's right fender and front hubcap which resulted from counterclockwise rotation with 1995 Dodge Ram Van's left side

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI

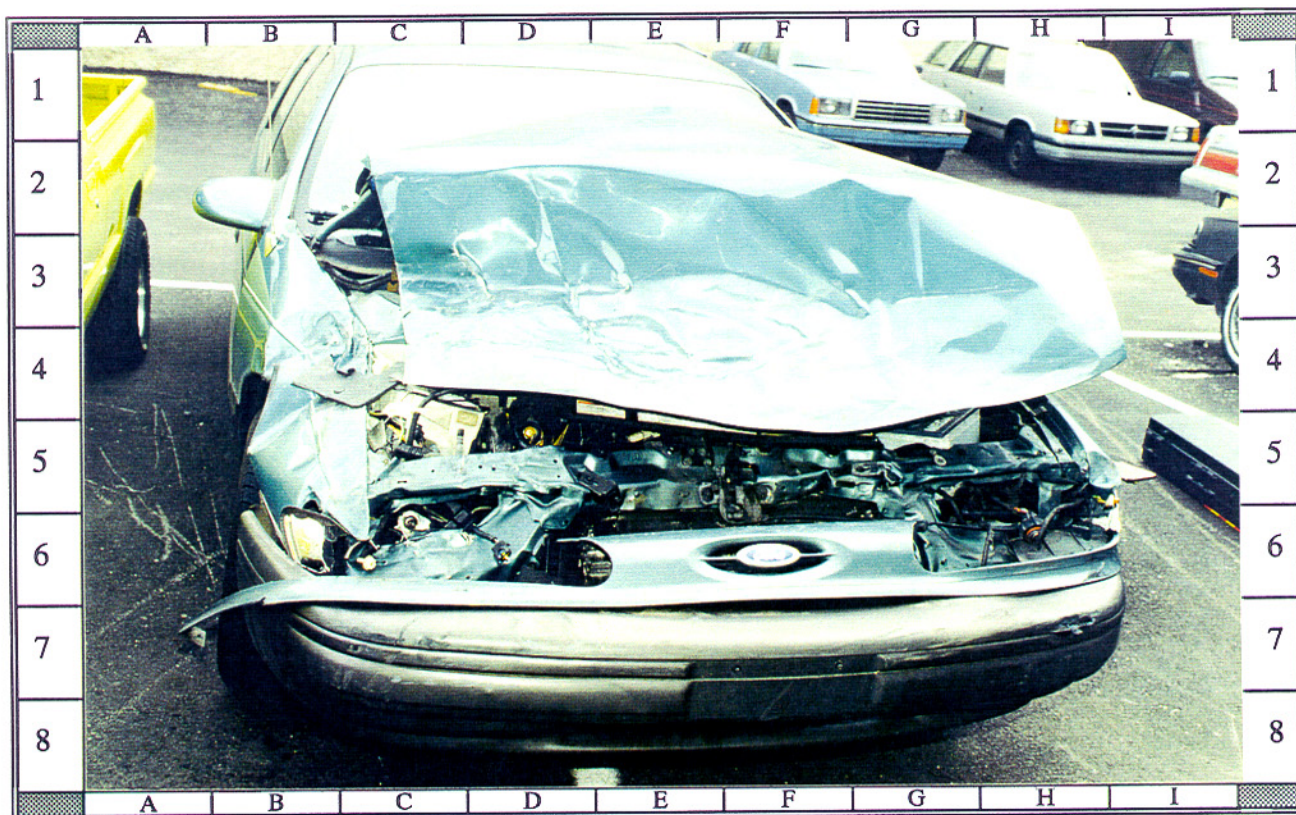


33: Closer-up view of direct contact to Case Vehicle's right front hubcap caused by 1995 Dodge Ram Van's left rear tire during counterclockwise rotation



34: Reference line view from right of Case Vehicle's frontal damage; NOTE: uneven damage pattern between bumper level versus above bumper crush

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI



35: Case Vehicle's frontal damage viewed from approximately 10 degrees right of front without contour gauge present; NOTE: direct damage to right fender



36: Interior surface of Case Vehicle's driver door showing no evidence of contact by driver

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI



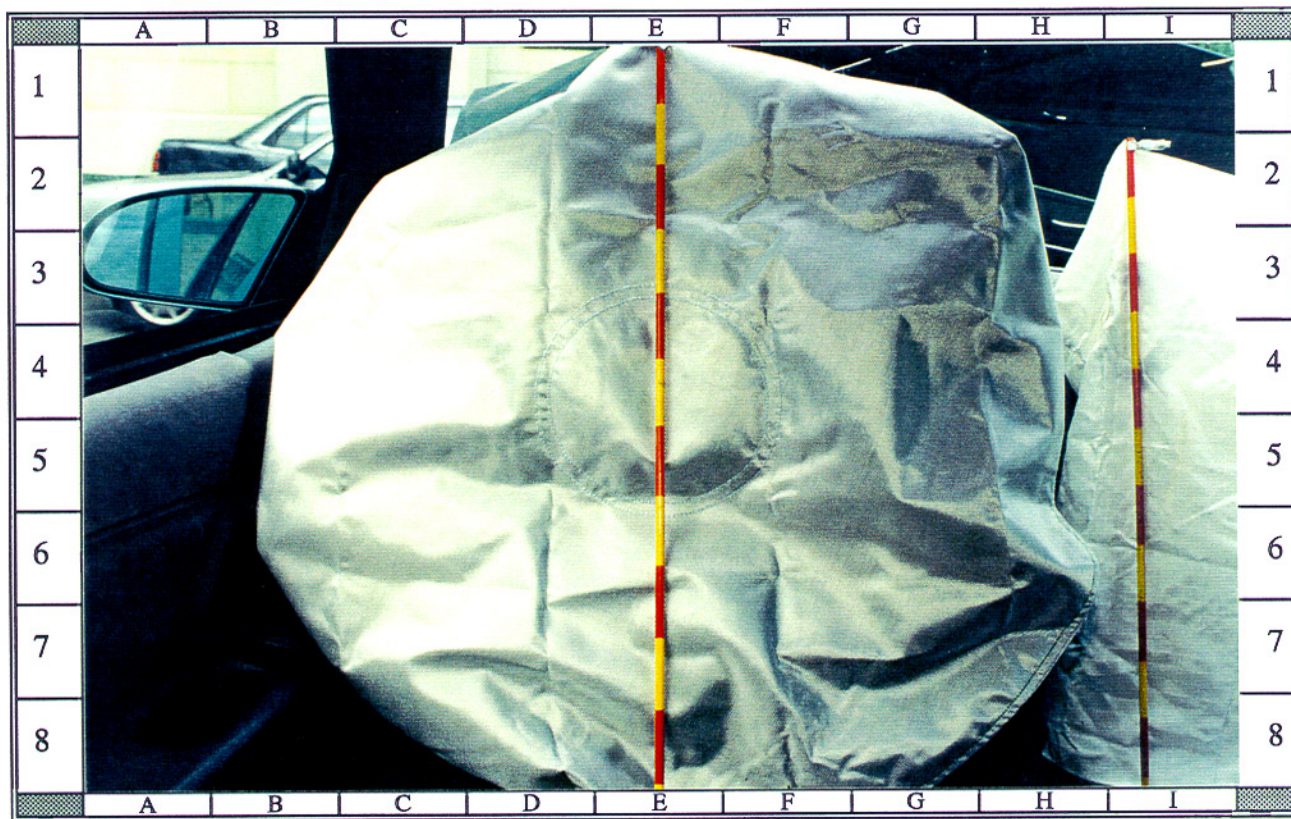
37: Case Vehicle's driver knee bolster, top steering wheel rim, top cover flap and air bag vents--steering wheel is inverted; NOTE: no contact evidence



38: Case Vehicle's front seating area, viewed from driver's door, showing deployed driver and right front passenger air bags



39: Case Vehicle's deployed driver air bag viewed from center rear seat; NOTE: star in windshield is from rearview mirror being displaced into it



40: Close-up of Case Vehicle's deployed driver air bag showing no evidence of contact; NOTE: top of air bag is at bottom of photograph



41: Close-up of Case Vehicle's driver air bag module showing vent holes and no evidence of contacted on top cover flap; NOTE: steering wheel is inverted

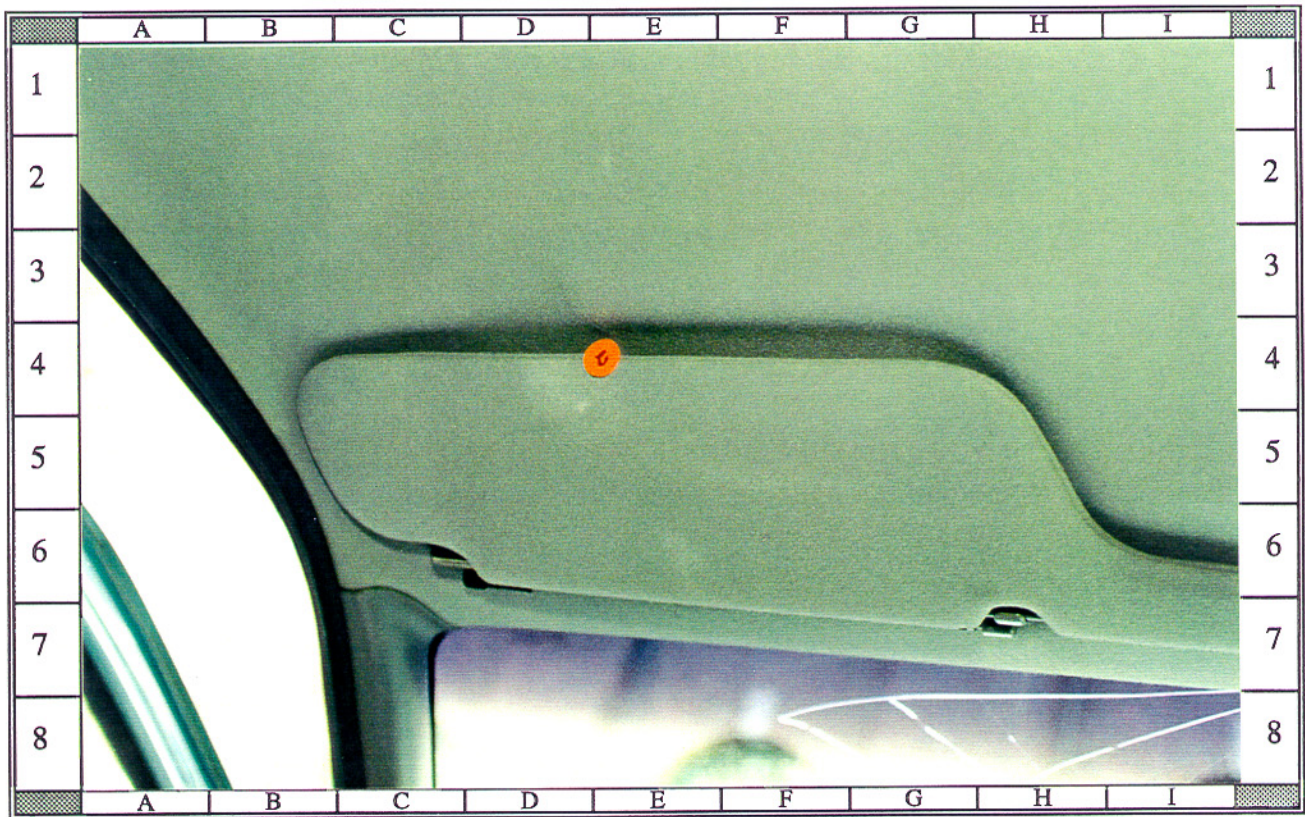


42: Close-up of Case Vehicle's driver air bag module showing bottom cover flap which was pushed through steering wheel rim during deployment

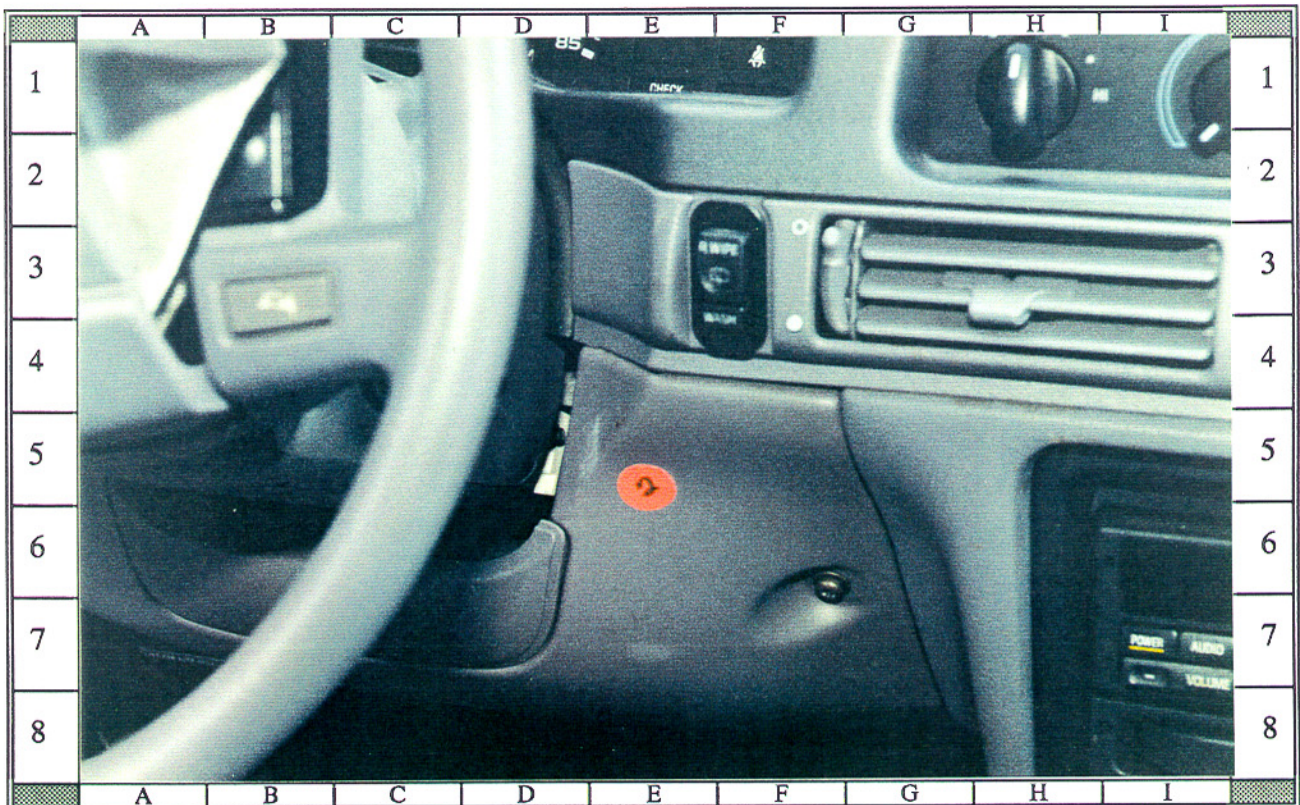
Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI



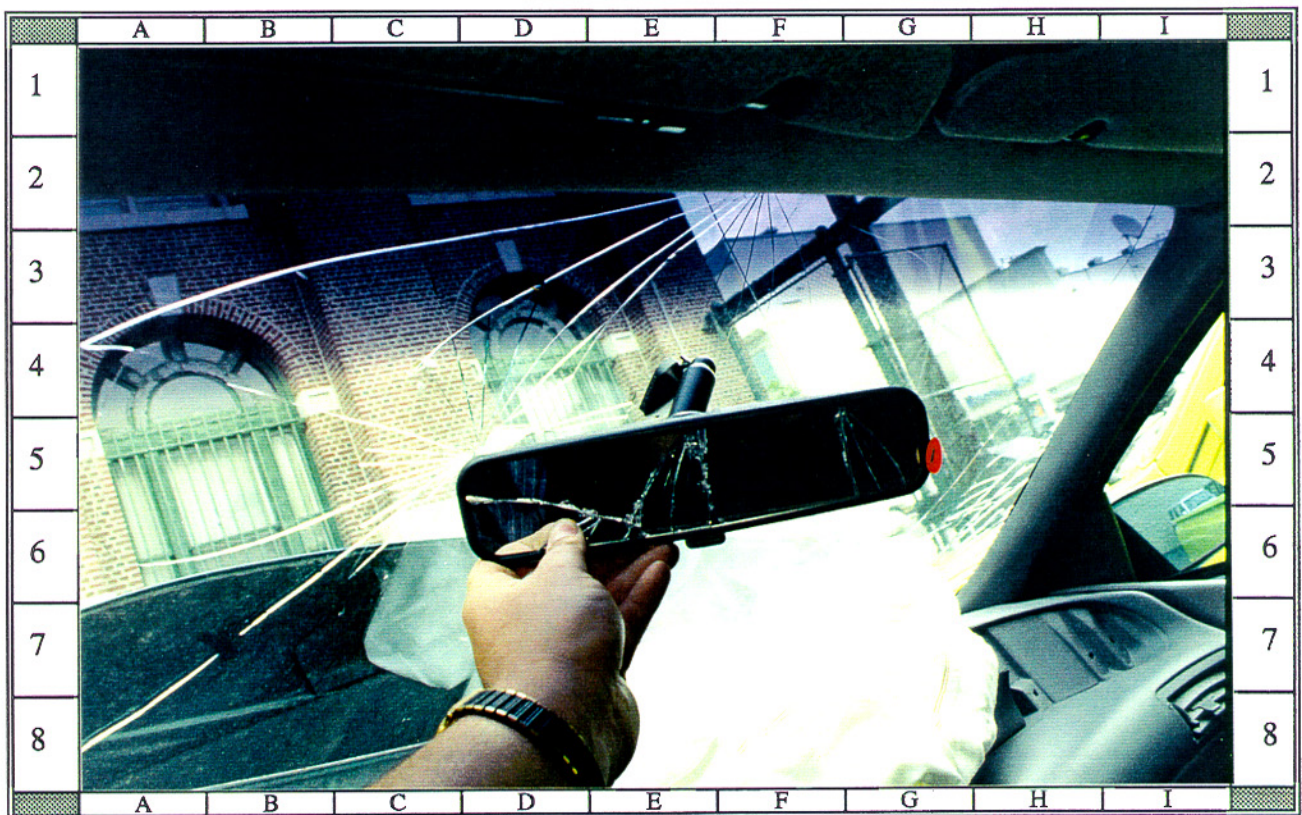
43: Case Vehicle's driver seating area, sunvisor/header, and center dash; NOTE: orange dots highlight areas of certain and possible contact



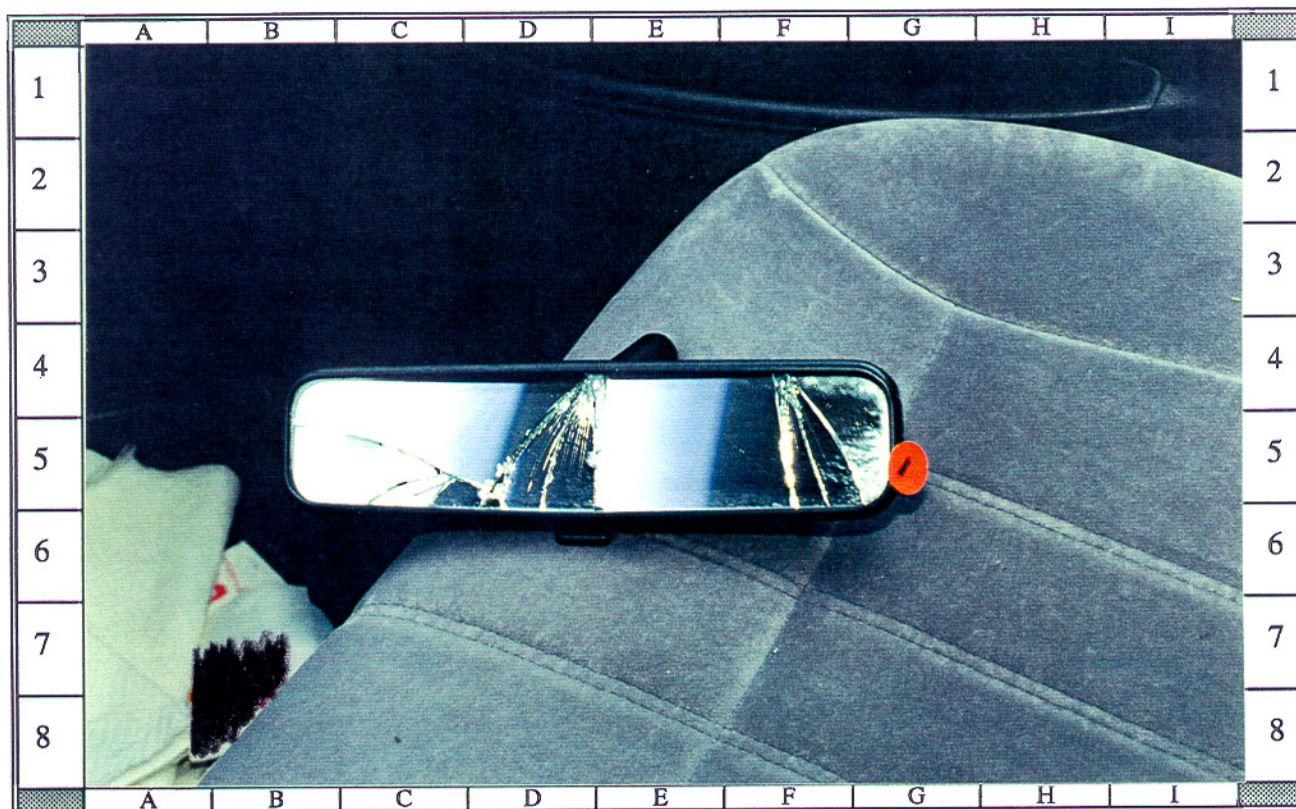
44: Close-up of Case Vehicle driver's sunvisor showing definite contact from driver's forehead



45: Close-up to Case Vehicle's contacted driver knee bolster showing scuff mark from driver's right knee



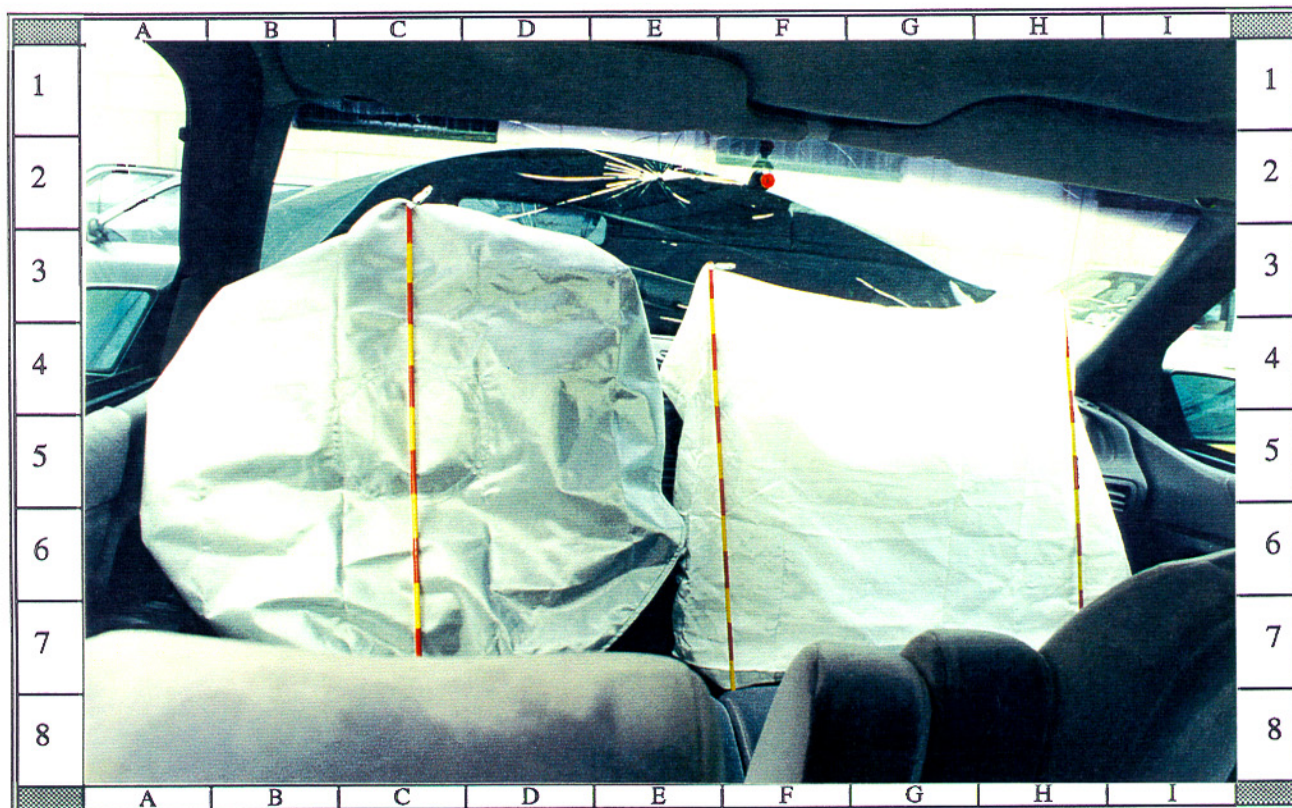
46: Case Vehicle's rearview mirror which was knocked off its mount into the windshield by the deploying right front passenger air bag



47: Close-up of Case Vehicle's cracked rearview mirror shown lying on right front seat



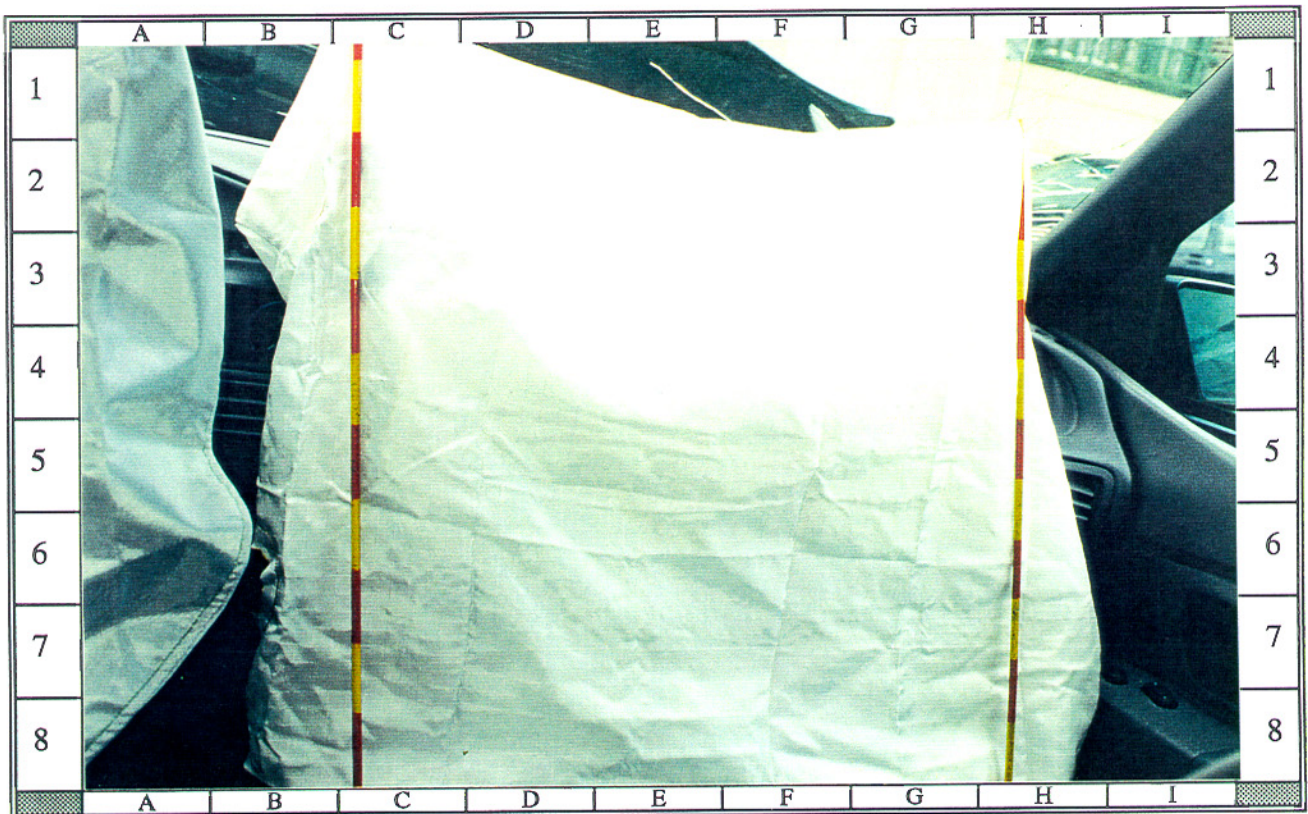
48: Close-up of scuffing to right side of Case Vehicle's rearview mirror caused from deploying right front passenger air bag



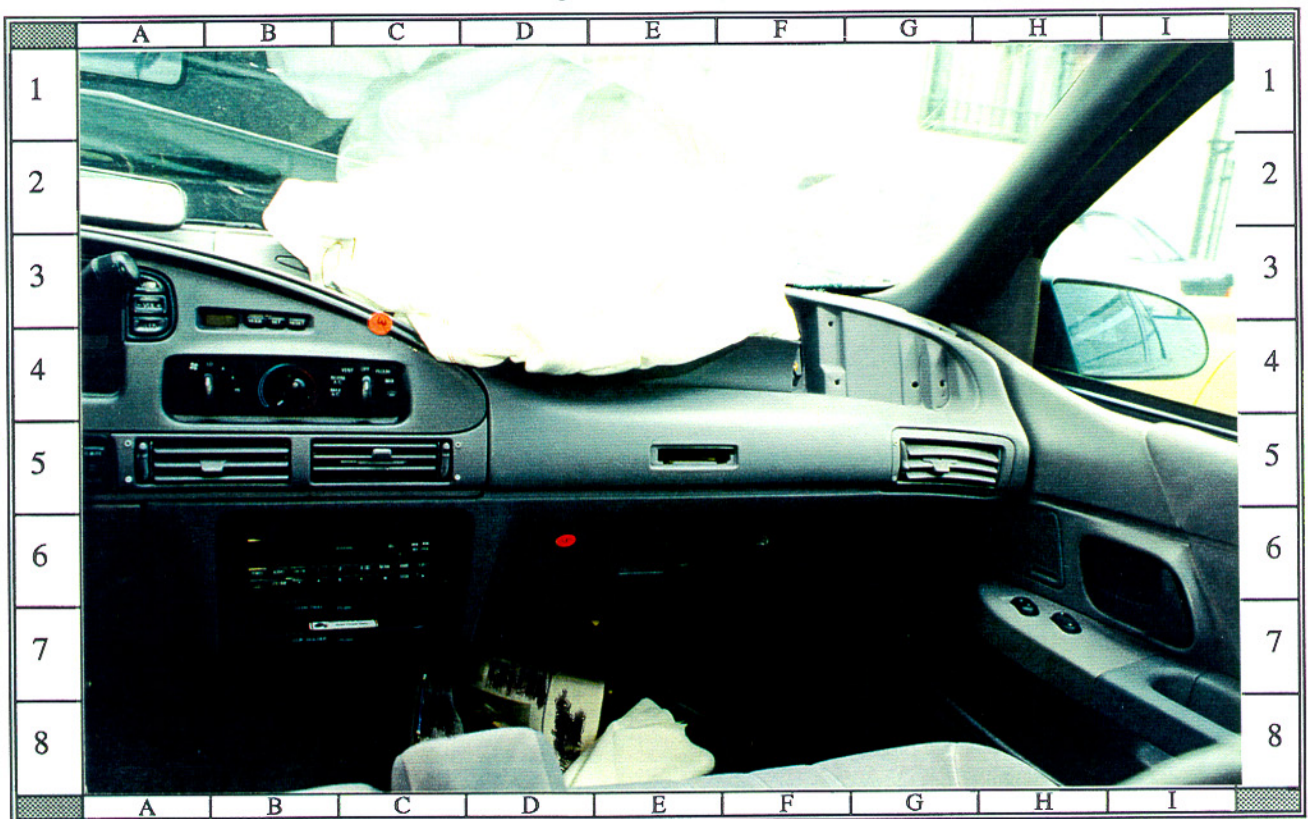
49: Case Vehicle's deployed driver and right front passenger air bags viewed from left rear seat



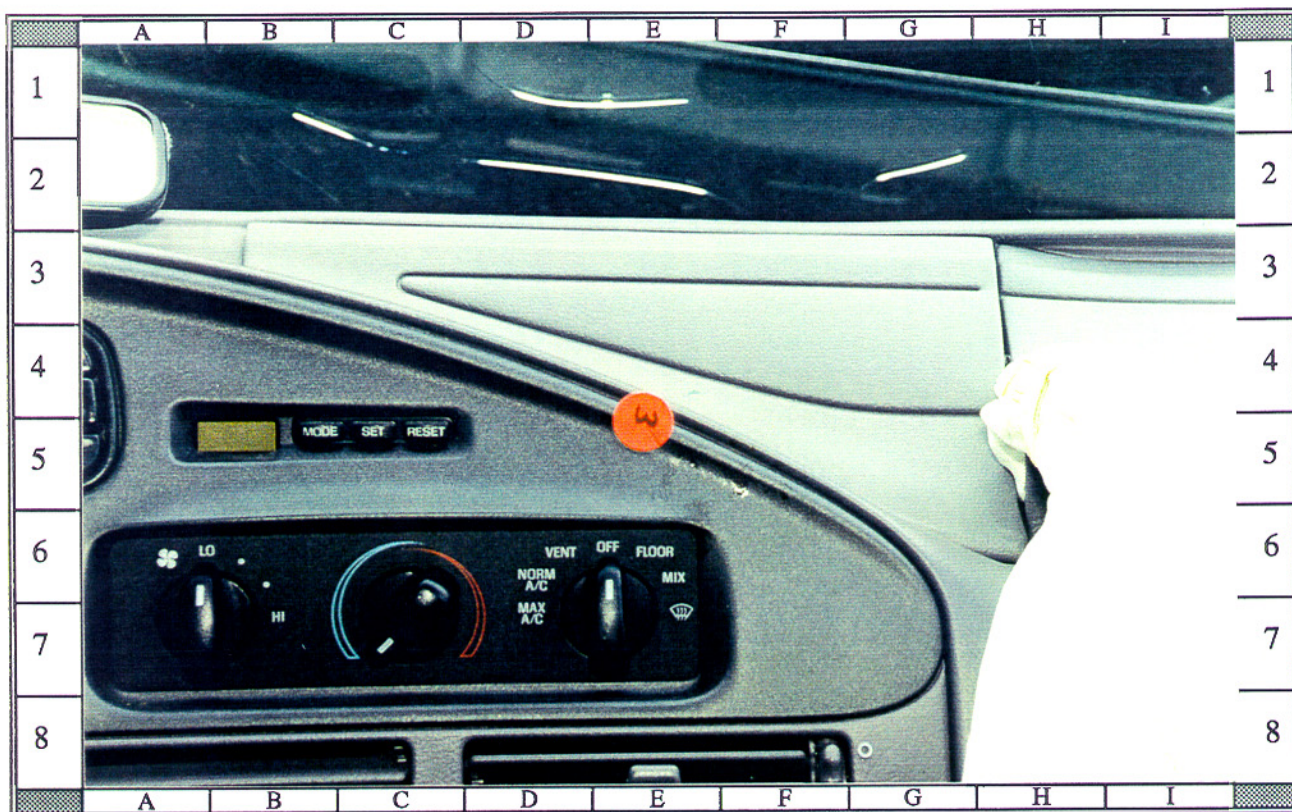
50: Case Vehicle's deployed right front passenger air bag and right "A"-pillar viewed from center rear seat



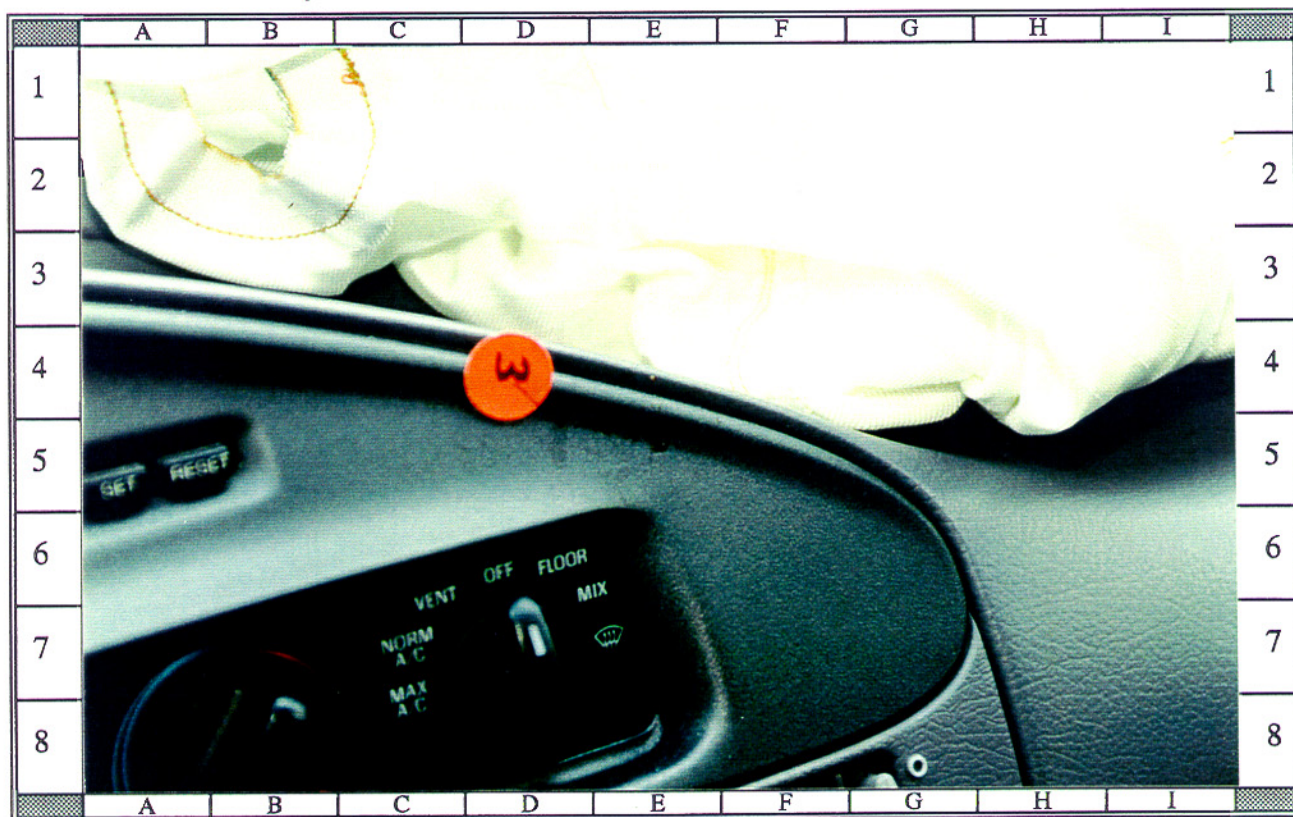
51: Close-up of Case Vehicle's deployed right front passenger air bag; NOTE: no evidence of contact on air bag--found only newsprint



52: Case Vehicle's center and right dash and glovebox showing possible contact evidence; NOTE: missing dash panel (cell G4)



53: Close-up of Case Vehicle's center dash showing an unknown substance that is most likely unrelated to the crash



54: Closer-up of Case Vehicle's center dash showing an unknown substance that is most likely unrelated to the crash

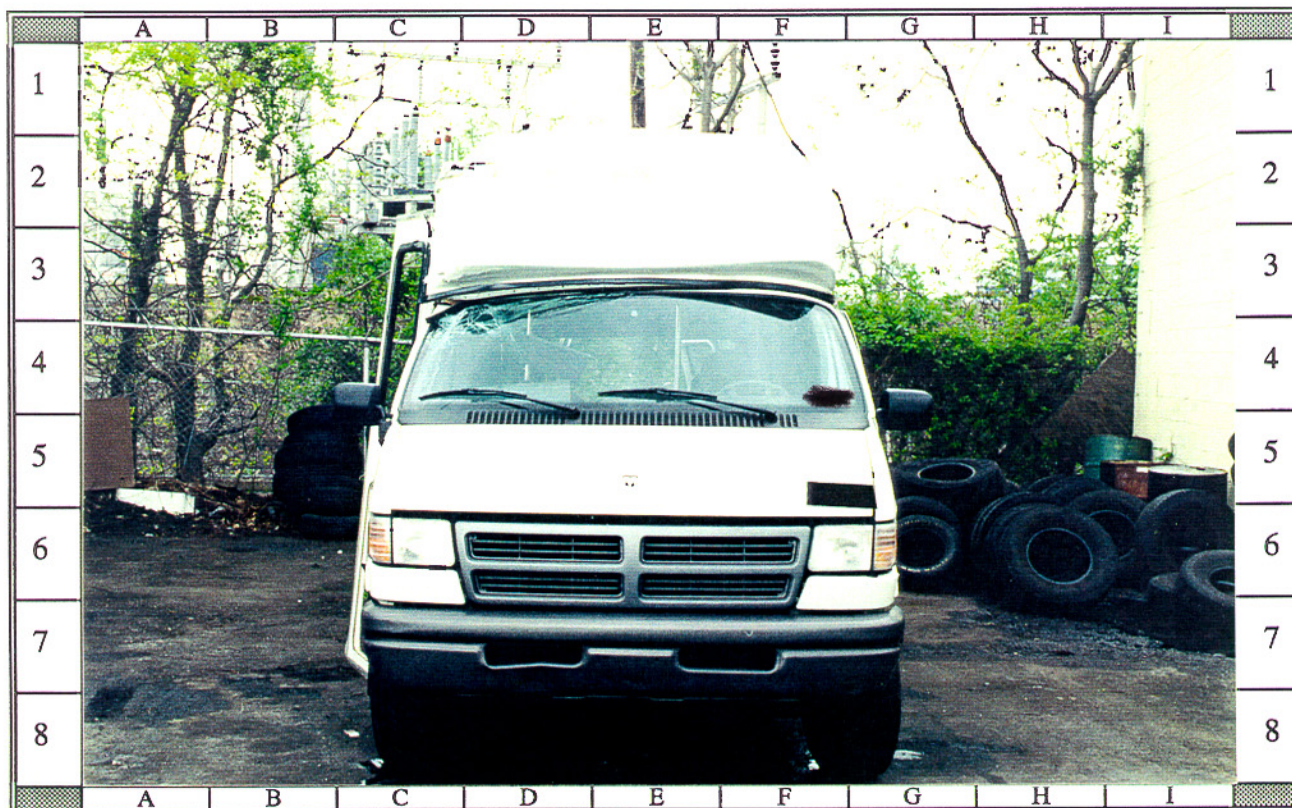


55: Case Vehicle's glovebox door showing possible contact from right front passenger's knee



56: Case Vehicle's rear seating area showing adjustable front head restraints, 3-point safety belts at front and rear outboard positions, and center rear lap belt

Case Vehicle: 1992 Ford Taurus, 4-Door Station Wagon, FWD, 6-Passenger, 3.0 L (182 in³) V-6, SEFI



57: Vehicle #2's undamaged front; NOTE: windshield and roof damage occurred during rollover (cells C2--D4)



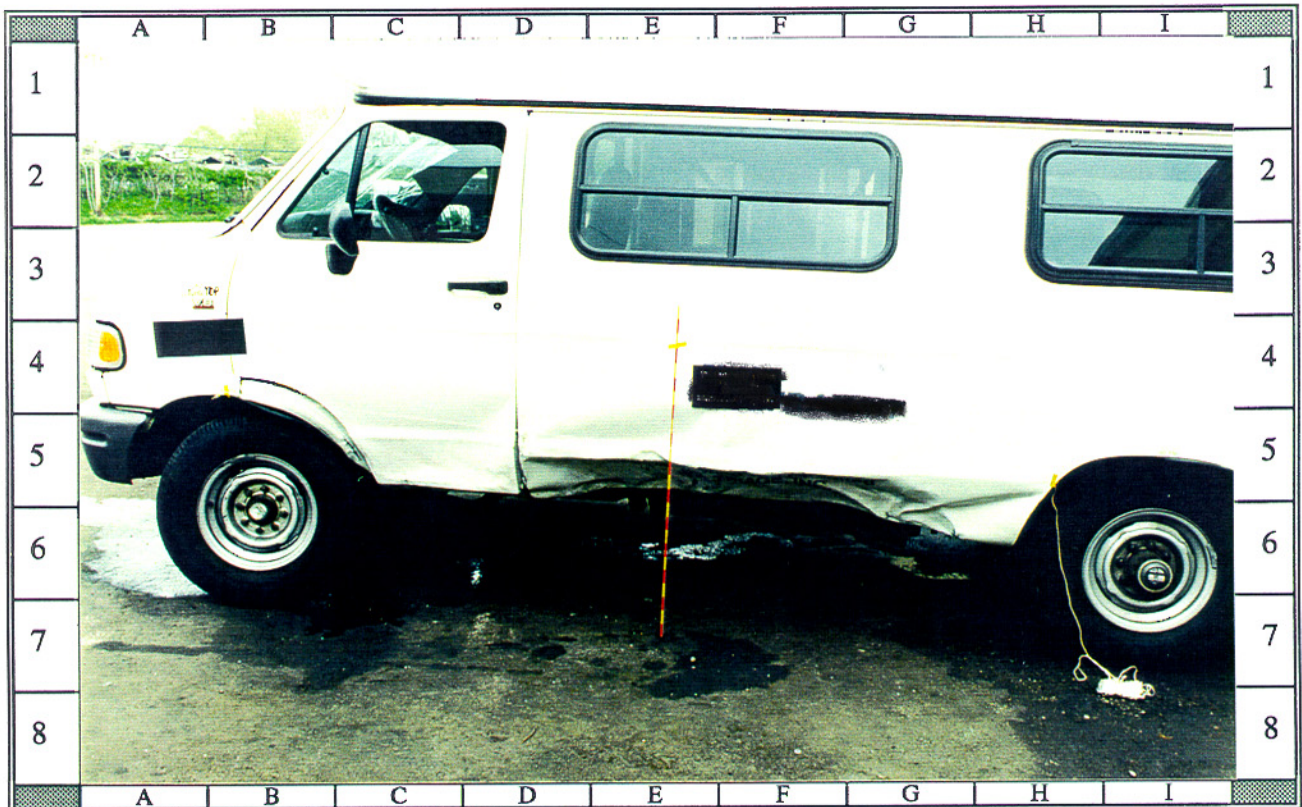
58: Vehicle #2's undamaged front and damaged left side viewed from approximately 45 degrees left of front



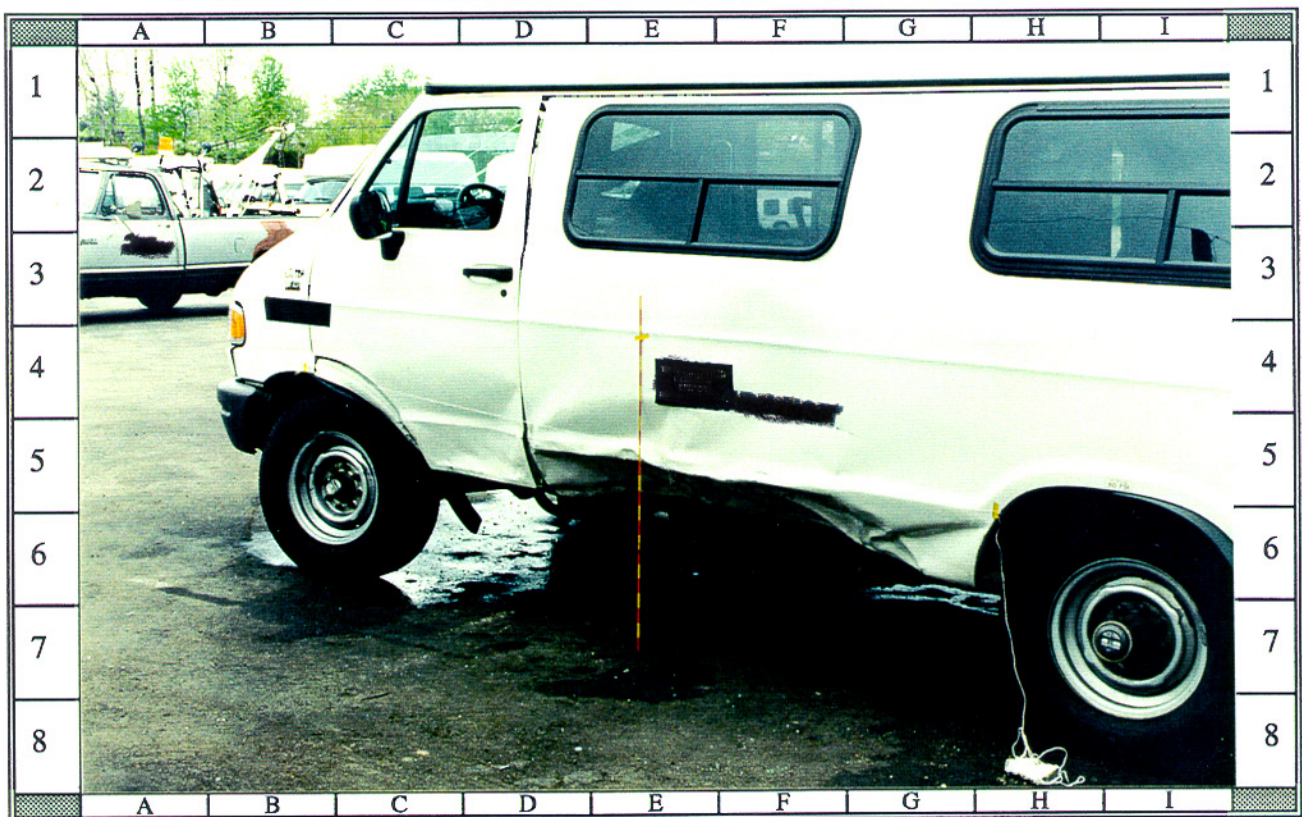
59: Vehicle #2's damaged left side viewed along reference line from front; NOTE: stringline runs from left front wheel well to left rear wheel well



60: Vehicle #2's damaged left side viewed from approximately 75 degrees left of front; NOTE: direct damaged begins at center of left front hub cap



61: Vehicle #2's damaged left side viewed from approximately 80 degrees left of back; NOTE: direct damaged ends near beginning of left rear wheel well



62: Vehicle #2's damaged left side viewed from approximately 60 degrees left of back; NOTE: override type damage from impact with 1992 Ford Taurus



63: Vehicle #2's damaged left side viewed from approximately 30 degrees left of back; NOTE: splash guard behind left rear wheel (cells H6--I8)



64: Vehicle #2's undamaged back and damaged left side viewed from approximately 15 degrees left of back; NOTE: splash guard behind left rear wheel



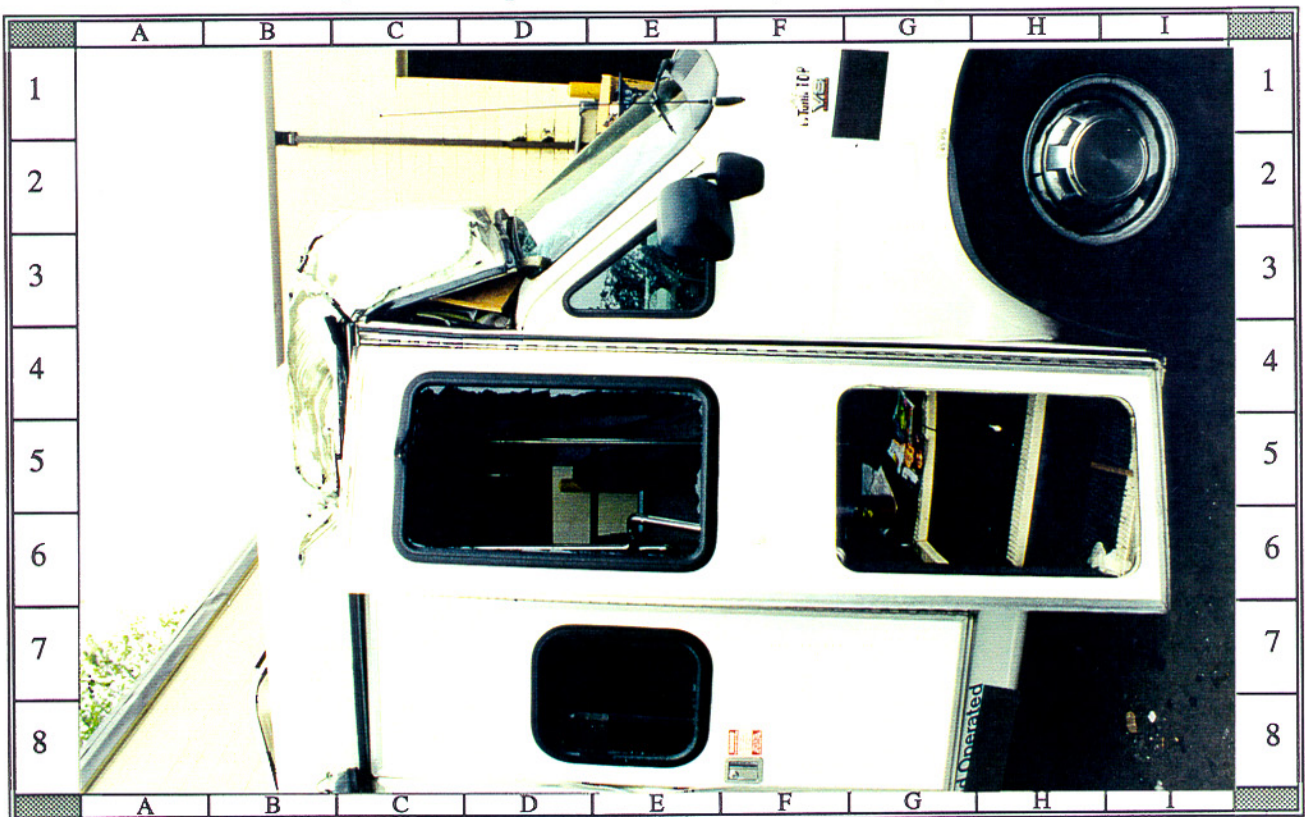
65: Vehicle #2's undamaged back and damaged right side viewed from ~ 30 degrees right of back; NOTE: right side struck light pole and mailboxes during rollover



66: Vehicle #2's damaged right side showing light pole damage behind double doors and mailbox damage to double doors; NOTE: all door windows were shattered



67: Vehicle #2's damaged right side viewed from right showing pole impact behind double doors, mailbox impact to double doors, and tree impact above single door



68: Close-up of Vehicle #2's damaged right side viewed from approximately 75 degrees right of front showing damage to roof from tree impact



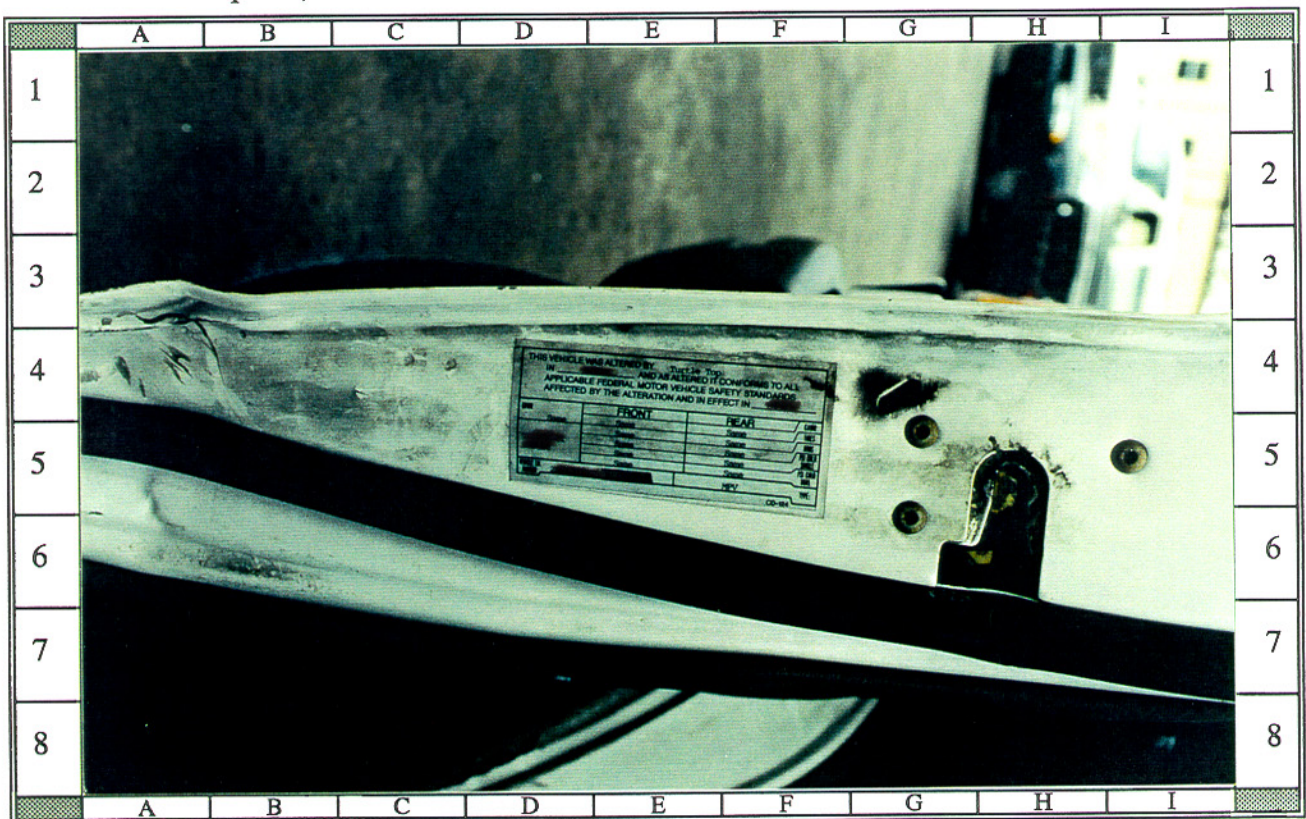
69: Close-up of Vehicle #2's right front roof and windshield damage from striking tree during rollover



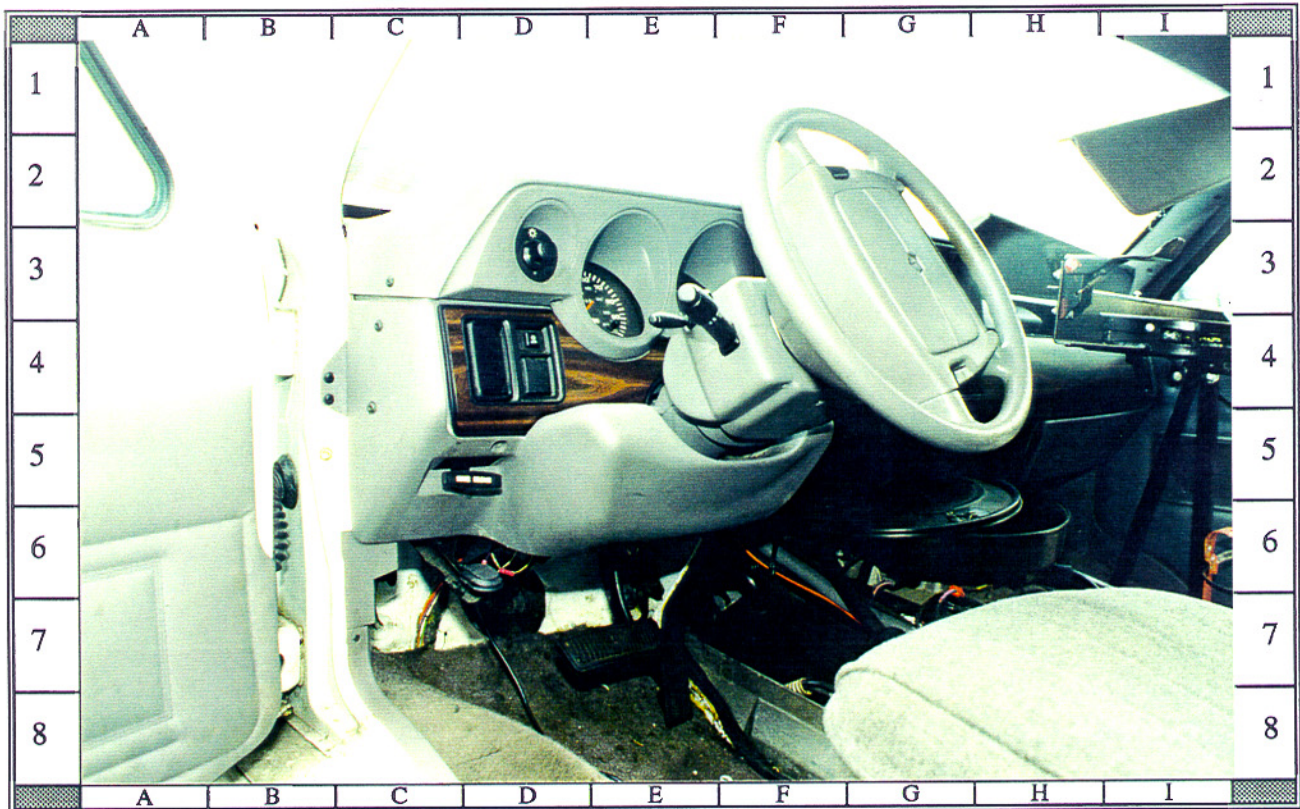
70: Vehicle #2's driver seating area and interior surface of driver's door; NOTE: no evidence of contact to door surface or steering wheel



71: Close-up of manufacture's vehicle identification plate located on Vehicle #2's left "B"-pillar; NOTE: vehicle's exterior surface is at bottom of photograph



72: Close-up of stamp certifying vehicle's altered status located on Vehicle #2's left front door; NOTE: door handle is at top of photograph



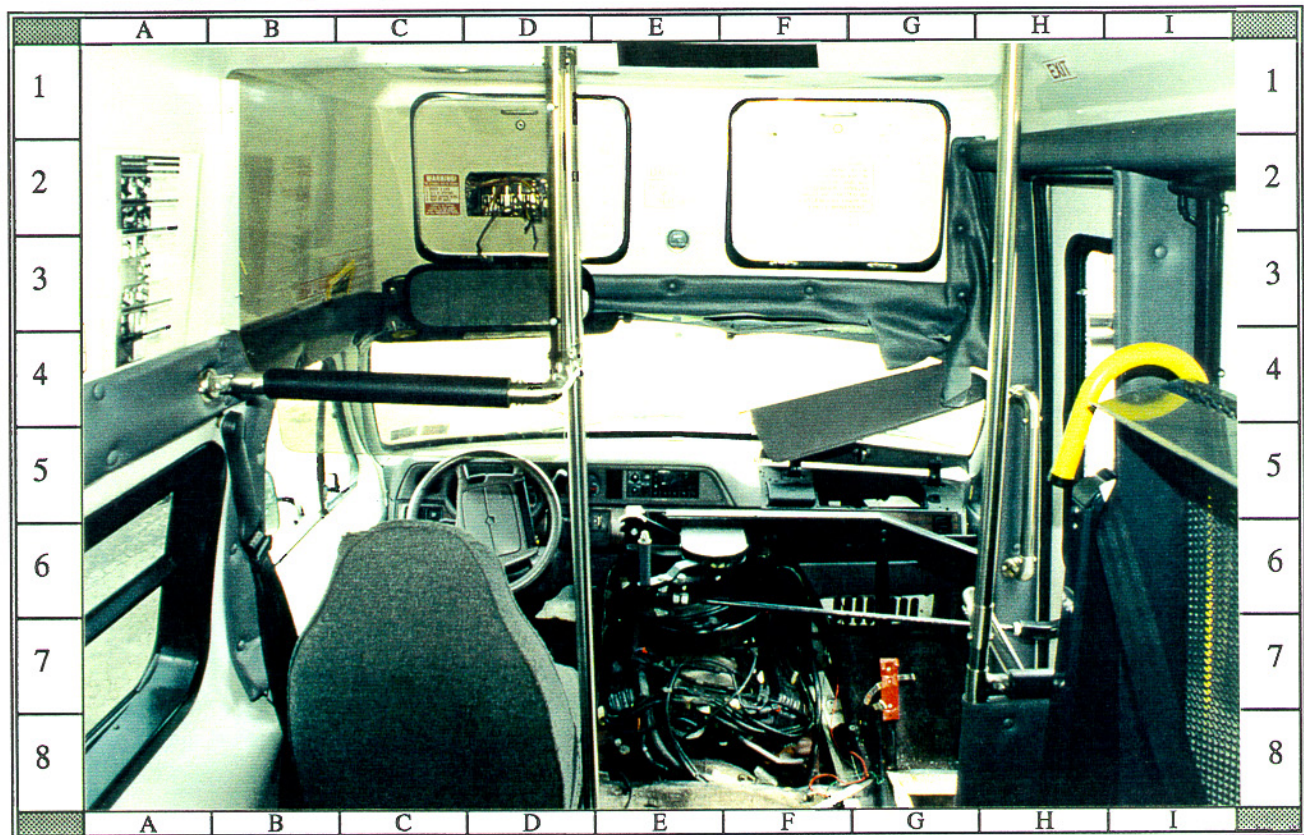
73: Vehicle #2's noncontacted steering wheel, instrument panel, and driver knee bolster and nondeployed driver air bag



74: Vehicle #2's driver seating area showing noncontacted left "A"-pillar, "B"-pillar, and steering wheel; NOTE: 3-point safety belt



75: Front of Vehicle #2's interior viewed from halfway back in handicapped passenger seating area; NOTE: interior surface of double door wheelchair lift



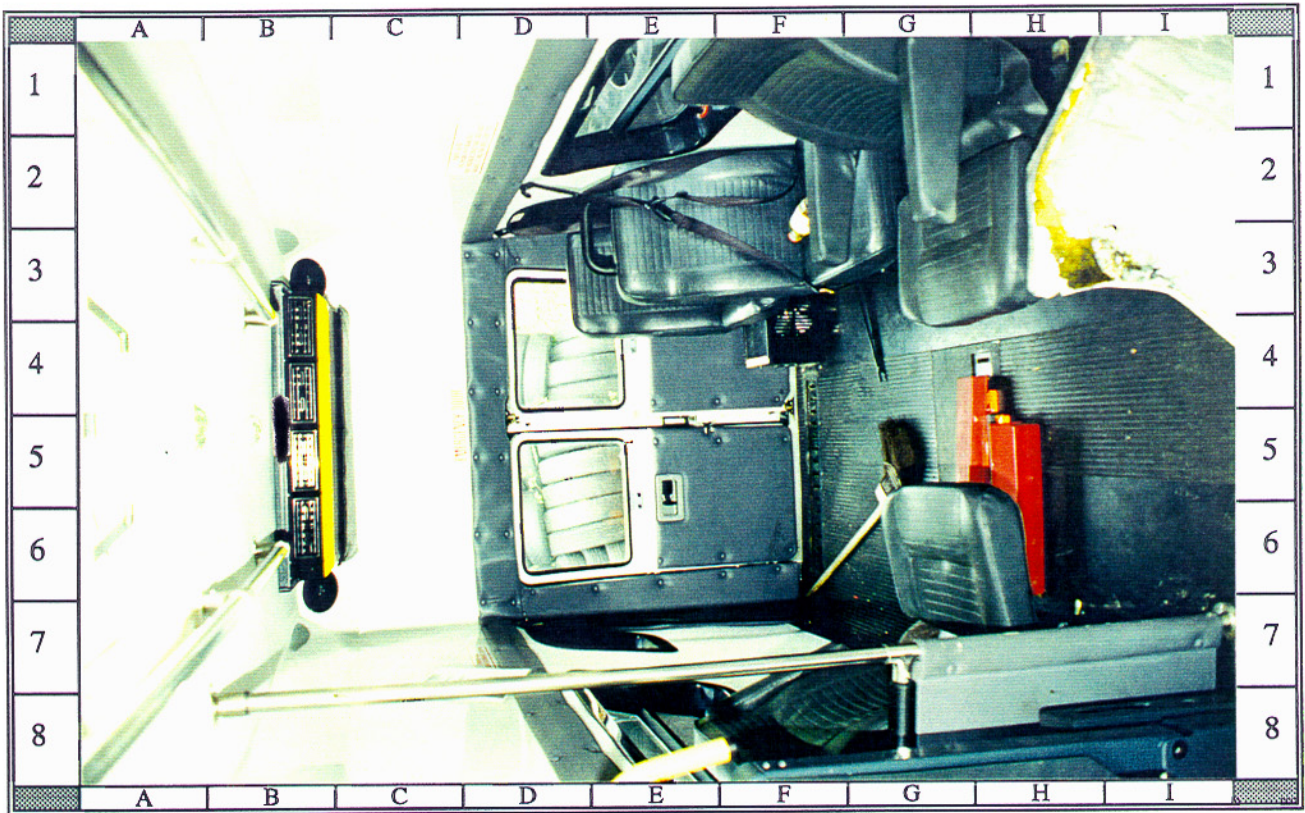
76: Vehicle #2's driver seating area showing front dash and overhead area; NOTE: right front sunvisor induced downward



77: Vehicle #2's damaged single right front exit door; NOTE: this is also the area where driver claimed he landed during rollover



78: Vehicle #2's damaged front right overhead area near single right front door; NOTE: this is also the driver's final rest area



79: Back of Vehicle #2's handicapped seating area viewed from front showing rear emergency door and four additional seats all equipped with 3-point safety belts



80: Vehicle #2's driver seating area viewed from outside single right front door;
NOTE: damage to roof above door from impact with tree

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

ON-SITE AIR BAG INVESTIGATION

NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-11
FLEET - PRIVATE VEHICLE
LOCATION - PENNSYLVANIA
ACCIDENT DATE - [REDACTED], 1996

Submitted By:

[REDACTED]
Senior Staff Associate
and
[REDACTED]
Associate Scientist

[REDACTED], 1996

Revised Submission:

[REDACTED] 2000

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

AIR BAG PERSON LEVEL FORM
(Complete one form for each person in the Air Bag car)

Log Number	<u>I</u> <u>N</u> <u>9</u> <u>6</u> <u>/</u> <u>/</u>
Occupant Number [Assigned sequentially (i.e., 01, 02, ...) for each air bag car. Assign left to right, front to back.]	<u>0</u> <u>1</u>
Occupant's Age in Years	<u>0</u> <u>4</u> <u>5</u>
Seating Position (1) Left (2) Center 1 (Note: First person in center is "2") (3) Center 2 (4) Right	<u>1</u>
In Which Seat Was the Occupant? (1) Front (2) Back	<u>1</u>
Was the Occupant Wearing a Belt Restraint? (1) Yes [] Lap belt only [] Shoulder harness only [] Lap and shoulder harness (2) No	<u>2</u>
Was the Occupant Killed? (1) Not killed (2) Killed	<u>1</u>

Air Bag Person Level Form -- Continued

	I.S.S.		O.I.C.---A.I.S.**				Injury Source*	Direct/ Indirect Injury	Source of Injury Data
	Body Region	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity			
1st	<u>6</u>	<u>F</u>	<u>S'</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>03</u>	<u>1</u>	<u>07</u>
2nd	<u>6</u>	<u>F</u>	<u>R</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>07</u>
3rd	<u>6</u>	<u>F</u>	<u>L</u>	<u>C</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>07</u>
4th	---	---	---	---	---	---	---	---	---
5th	---	---	---	---	---	---	---	---	---
6th	---	---	---	---	---	---	---	---	---
7th	---	---	---	---	---	---	---	---	---
8th	---	---	---	---	---	---	---	---	---
9th	---	---	---	---	---	---	---	---	---
10th	---	---	---	---	---	---	---	---	---
11th	---	---	---	---	---	---	---	---	---
12th	---	---	---	---	---	---	---	---	---

* Use NASS CDS codes.

** Follow 1988 NASS Injury Coding Manual.

*** Aspect "bilateral" was not allowed for these injuries in AIS '85, but it is used here because the injuries were caused by the same Injury Source.

AIR BAG PERSON LEVEL FORM
(Complete one form for each person in the Air Bag car)

Log Number	<u>I</u> <u>N</u> <u>9</u> <u>6</u> <u>/</u> <u>/</u>
Occupant Number [Assigned sequentially (i.e., 01, 02, ...) for each air bag car. Assign left to right, front to back.]	<u>0</u> <u>2</u>
Occupant's Age in Years	<u>0</u> <u>1</u> <u>2</u>
Seating Position (1) Left (2) Center 1 (Note: First person in center is "2") (3) Center 2 (4) Right	<u>4</u>
In Which Seat Was the Occupant? (1) Front (2) Back	<u>1</u>
Was the Occupant Wearing a Belt Restraint? (1) Yes [] Lap belt only [] Shoulder harness only [<input checked="" type="checkbox"/>] Lap and shoulder harness (2) No	<u>1</u>
Was the Occupant Killed? (1) Not killed (2) Killed	<u>1</u>

Air Bag Person Level Form -- Continued

	I.S.S.		O.I.C.---A.I.S.**				Injury Source*	Direct/ Indirect Injury	Source of Injury Data
	Body Region	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity			
1st	<u>2</u>	<u>F</u>	<u>L</u>	<u>A</u>	<u>O</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>03</u>
2nd	<u>6</u>	<u>F</u>	<u>L</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>03</u>
3rd	<u>6</u>	<u>C</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>41</u>	<u>1</u>	<u>07</u>
4th	<u>6</u>	<u>S</u>	<u>R</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>41</u>	<u>1</u>	<u>03</u>
5th	<u>6</u>	<u>A</u>	<u>L</u>	<u>A</u>	<u>I</u>	<u>1</u>	<u>45</u>	<u>1</u>	<u>07</u>
6th	—	—	—	—	—	—	— —	—	— —
7th	—	—	—	—	—	—	— —	—	— —
8th	—	—	—	—	—	—	— —	—	— —
9th	—	—	—	—	—	—	— —	—	— —
10th	—	—	—	—	—	—	— —	—	— —
11th	—	—	—	—	—	—	— —	—	— —
12th	—	—	—	—	—	—	— —	—	— —

* Use NASS CDS codes.

** Follow 1988 NASS Injury Coding Manual.

*** Aspect "bilateral" was not allowed for these injuries in AIS '85, but it is used here because the injuries were caused by the same Injury Source.

AIR BAG ACCIDENT LEVEL FORM
[Blank(s) equal Unknown]

Log Number	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	I	N	9	6	1	1
Location:	<u>Pennsylvania</u>						
Accident State						<u>P</u>	<u>A</u>
(AR) Arkansas	(KS) Kansas	(MO) Missouri					
(IL) Illinois	(LA) Louisiana	(NE) Nebraska			(OK) Oklahoma		
(IN) Indiana	(MI) Michigan	(NM) New Mexico			(TX) Texas		
(IA) Iowa	(MN) Minnesota	(OH) Ohio			(WI) Wisconsin		
Accident Date	Month					<u>0</u>	<u>4</u>
(01) January	(05) May	(09) September					
(02) February	(06) June	(10) October					
(03) March	(07) July	(11) November					
(04) April	(08) August	(12) December					
	Day of Month					<u>2</u>	<u>5</u>
	Year					<u>9</u>	<u>6</u>
Investigating Team:	<u>I. U. Transportation Research Center</u>					<u>1</u>	<u>0</u>
Fleet Vehicle							<u>2</u>
(1) '73 Chevrolet, Volvo, or '72 Mercury							
(2) No Fleet (i.e., private vehicle)							
(3) Insurance Fleet							
(4) GSA Fleet							
(5) Police Fleet							
(6) Other Corporate Private Fleet							
Did Air Bag Car Require Towing Due to Damage?							<u>1</u>
(1) Yes							
(2) No							
Did Air Bag Deploy?							<u>1</u>
(1) Yes							
(2) No							
(3) Inadvertent							
Vehicle Model Year:	<u>1992</u>					<u>9</u>	<u>2</u>
Vehicle Make*:	<u>FORD</u>					<u>1</u>	<u>2</u>
Vehicle Model*:	<u>TAURUS GL</u>					<u>0</u>	<u>1</u>
	<u>Station Wagon</u>					<u>7</u>	

* Use NASS CDS Make/Model Codes

Air Bag Accident Level Form -- Continued

Collision Deformation Classification (Rank by Severity)		Event Number (for Case Vehicle)	Deployment (Y) Yes (N) No
1st	<u>0</u> <u>1</u> - <u>F</u> <u>D</u> <u>E</u> <u>W</u> - <u>3</u>	<u>1</u>	<u>Y</u>
2nd	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u>	<u> </u>	<u> </u>
3rd	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u>	<u> </u>	<u> </u>
Highest AIS in Air Bag Car			<u>1</u>
Delta-V of Principal Damage (deployment event) to Air Bag Car			<u>2</u> <u>2</u> <u>4</u>
Km. p. h. 13.9 m.p.h.			
Object Struck by Air Bag Car			<u>0</u> <u>3</u>
(01) Car or Stationwagon		(09) Curb or Median	
(02) Pickup Truck, Jeep		(10) Embankment	
(03) Van		(11) Bridge Support, Pillar	
(04) Truck, Bus, Train		(12) Railroad Tracks, Terrain	
(05) Tree, Pole, Post, Etc.		(13) Building	
(06) Small Trees, Posts, Mailboxes		(14) Large animal	
(07) Guardrail		(15) Ground-Rollover Only	
(08) Concrete Barrier, Dividers		(99) Unknown	
Driver Age in Air Bag Car			<u>0</u> <u>4</u> <u>5</u>
Number of Front Seat Occupants in Air Bag Car			<u>2</u>
Number of Belted Front Seat Occupants in Air Bag Car			<u>1</u>
Type of Investigation			<u>S</u>
(R) Remote			
(S) On-Site			

POLICE ACCIDENT REPORT



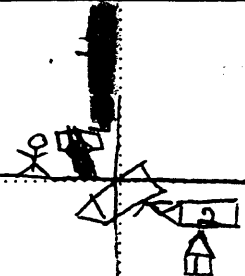
COMMONWEALTH OF PENNSYLVANIA
POLICE ACCIDENT REPORT

REFER TO OVERLAY SHEETS

REPORTABLE ☒ NON-REPORTABLE ☐

PENNDOT USE ONLY

POLICE INFORMATION				ACCIDENT LOCATION			
1. INCIDENT NUMBER		2. AGENCY NAME		20. COUNTY		CODE	
3. STATION/ PRECINCT		4. PATROL ZONE		21. MUNICIPALITY		CODE	
5. INVESTIGATOR		BADGE NUMBER		PRINCIPAL ROADWAY INFORMATION			
6. APPROVED BY		BADGE NUMBER		22. ROUTE NO. OR STREET NAME		23. SPEED LIMIT	
7. INVESTIGATION DATE		8. ARRIVAL TIME		24. TYPE HIGHWAY		25. ACCESS CONTROL	
ACCIDENT INFORMATION				INTERSECTING ROAD:			
9. ACCIDENT DATE		10. DAY OF WEEK		26. ROUTE NO. OR STREET NAME		27. SPEED LIMIT	
11. TIME OF DAY		12. NUMBER OF UNITS		28. TYPE HIGHWAY		29. ACCESS CONTROL	
13. # KILLED		14. # INJURED		IF NOT AT INTERSECTION:			
15. PRIV. PROP. ACCIDENT		16. DID VEHICLE HAVE TO BE REMOVED FROM THE SCENE?		30. CROSS STREET OR SEGMENT MARKER		31. DIRECTION FROM SITE	
17. VEHICLE DAMAGE		18. HAZARDOUS MATERIALS		32. DISTANCE FROM SITE		33. DISTANCE WAS	
19. PENNDOT PROPERTY		20. HAZARDOUS MATERIALS		34. CONSTRUCTION ZONE		35. TRAFFIC CONTROL DEVICE	
UNIT # 1				UNIT # 2			
36. LEGALLY PARKED?		37. REG. PLATE		36. LEGALLY PARKED?		37. REG. PLATE	
38. STATE		39. PA TITLE OR OUT-OF-STATE VIN		38. STATE		39. PA TITLE OR OUT-OF-STATE VIN	
40. OWNER		41. OWNER ADDRESS		40. OWNER		41. OWNER ADDRESS	
42. CITY, STATE & ZIP CODE		43. YEAR		42. CITY, STATE & ZIP CODE		43. YEAR	
44. MAKE		45. MODEL - (NOT BODY TYPE)		44. MAKE		45. MODEL - (NOT BODY TYPE)	
46. INS.		47. BODY TYPE		46. INS.		47. BODY TYPE	
48. SPECIAL USAGE		49. VEHICLE OWNERSHIP		48. SPECIAL USAGE		49. VEHICLE OWNERSHIP	
50. INITIAL IMPACT POINT		51. VEHICLE STATUS		50. INITIAL IMPACT POINT		51. VEHICLE STATUS	
52. TRAVEL SPEED		53. VEHICLE GRADIENT		52. TRAVEL SPEED		53. VEHICLE GRADIENT	
54. DRIVER PRESENCE		55. DRIVER CONDITION		54. DRIVER PRESENCE		55. DRIVER CONDITION	
56. DRIVER NUMBER		57. STATE		56. DRIVER NUMBER		57. STATE	
58. DRIVER NAME		59. DRIVER ADDRESS		58. DRIVER NAME		59. DRIVER ADDRESS	
60. CITY, STATE & ZIP CODE		61. SEX		60. CITY, STATE & ZIP CODE		61. SEX	
62. DATE OF BIRTH		63. PHONE		62. DATE OF BIRTH		63. PHONE	
64. COMM. VEH.		65. DRIVER CLASS		64. COMM. VEH.		65. DRIVER CLASS	
66. DRIVER SS#		67. CARRIER		66. DRIVER SS#		67. CARRIER	
68. CARRIER ADDRESS		69. CITY, STATE & ZIP CODE		68. CARRIER ADDRESS		69. CITY, STATE & ZIP CODE	
70. USDOT #		71. ICC #		70. USDOT #		71. ICC #	
72. VEH. CONFIG.		73. CARGO BODY TYPE		72. VEH. CONFIG.		73. CARGO BODY TYPE	
74. GVWR		75. NO. OF AXLES		74. GVWR		75. NO. OF AXLES	
76. HAZ ARDOUS MATERIALS		77. RELEASE OF HAZ MAT		76. HAZ ARDOUS MATERIALS		77. RELEASE OF HAZ MAT	

78. RESPONDING EMS AGENCY [REDACTED]															INCIDENT #: [REDACTED]														
79. MEDICAL FACILITY [REDACTED]															ACCIDENT DATE: [REDACTED] 96														
80. PEOPLE INFORMATION																													
A	B	C	D	E	F	G	NAME								ADDRESS								H	I	J	K	L	M	
1	1	F	4	3	9	1	[REDACTED]								[REDACTED] Pa								0	0	0	N	0	0	
1	3	M	1	3	9	1	[REDACTED]								[REDACTED] Pa								4	5	1	A	8	3	
2	1	M	2	3	9	9	[REDACTED]								[REDACTED] Pa								4	9	3	4	8	3	
3	7	A	3	0	0	0	[REDACTED]								[REDACTED] Pa								4	2	9	8	A	0	3
81. ILLUMINATION <input checked="" type="checkbox"/> 2															82. WEATHER <input checked="" type="checkbox"/> 1														
83. ROAD SURFACE <input type="checkbox"/> 1																													
84. PENNSYLVANIA SCHOOL DISTRICT (IF APPLICABLE)															86. DIAGRAM 														
85. DESCRIPTION OF DAMAGED PROPERTY																													
OWNER																													
ADDRESS																													
PHONE																													
87. NARRATIVE - IDENTIFY PRECIPITATING EVENTS, CAUSATION FACTORS, SEQUENCE OF EVENTS, WITNESS STATEMENTS, AND PROVIDE ADDITIONAL DETAILS. LIKE INSURANCE INFORMATION AND LOCATION OF TOWED VEHICLES, IF KNOWN.																													
<p>to the intersection vehicle Vehicle 1 was traveling W.B. on [REDACTED] at [REDACTED] and vehicle 2 traveling S.B. on [REDACTED] when both vehicles met in the intersection causing vehicle 2 to flip on its side causing it to knock down 2 Postal boxes and traffic signal on the [REDACTED] corner. The traffic signal while falling struck a fleeing by-passers ([REDACTED] w/m on left hand) vehicle 1 towed by ([REDACTED]) [REDACTED] notified [REDACTED]</p>																													
INSURANCE INFORMATION															INSURANCE INFORMATION														
COMPANY															COMPANY														
UNIT 1															UNIT 2														
POLICY NO															POLICY NO														
88. WITNESSES															88. WITNESSES														
NAME															NAME														
ADDRESS															ADDRESS														
PHONE															PHONE														
89. VIOLATIONS INDICATED															90. SECTION NUMBERS (ONLY IF CHARGED)														
UNIT 1															UNIT 1														
UNIT 2															UNIT 2														
91. PROBABLE USE															91. PROBABLE USE														
92. TYPE TEST															92. TYPE TEST														
93. RESULTS															93. RESULTS														
UNIT 1															UNIT 2														
94. INVESTIGATION COMPLETE ?															94. INVESTIGATION COMPLETE ?														

ACCIDENT COLLISION MEASUREMENT TABLE

ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 10

Case Number—Stratum 9611

ACCIDENT COLLISION DIAGRAM																										
<p style="text-align: center;">LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> * approximate vehicle orientation at impact and final rest * applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) * applicable traffic controls (e.g., speed limit) * north arrow placed on diagram * sketch required 	<p style="text-align: center;">LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> * document reference point and reference line relative to physical features present at the scene * scale documentation of all accident induced physical evidence * scaled documentation of all roadside objects contacted * roadway surface type and condition of applicable roadways * grade measurements for all applicable roadways and at location of rollover initiation * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <div style="margin-left: 20px;"> a) physical evidence, or b) reconstructed accident dynamics </div> 	<p style="text-align: center;">CRASH DATA</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">VEH. #1</th> <th style="width: 20%; text-align: center;">VEH. #2</th> <th style="width: 30%; text-align: center;">VEH. #3</th> </tr> </thead> <tbody> <tr> <td>Heading Angle</td> <td style="text-align: center;"><u>270</u></td> <td style="text-align: center;"><u>180</u></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Surface Type</td> <td style="text-align: center;"><u>BIT</u></td> <td style="text-align: center;"><u>BIT</u></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Surface Condition</td> <td style="text-align: center;"><u>Dry</u></td> <td style="text-align: center;"><u>Dry</u></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Grade (v/h) Measurement (between impact and final rest)</td> <td style="text-align: center;"><u>Lev</u></td> <td style="text-align: center;"><u>Lev</u></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Grade (v/h) Measurement (at location of rollover initiation)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		VEH. #1	VEH. #2	VEH. #3	Heading Angle	<u>270</u>	<u>180</u>	_____	Surface Type	<u>BIT</u>	<u>BIT</u>	_____	Surface Condition	<u>Dry</u>	<u>Dry</u>	_____	Grade (v/h) Measurement (between impact and final rest)	<u>Lev</u>	<u>Lev</u>	_____	Grade (v/h) Measurement (at location of rollover initiation)	_____	_____	_____
	VEH. #1	VEH. #2	VEH. #3																							
Heading Angle	<u>270</u>	<u>180</u>	_____																							
Surface Type	<u>BIT</u>	<u>BIT</u>	_____																							
Surface Condition	<u>Dry</u>	<u>Dry</u>	_____																							
Grade (v/h) Measurement (between impact and final rest)	<u>Lev</u>	<u>Lev</u>	_____																							
Grade (v/h) Measurement (at location of rollover initiation)	_____	_____	_____																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> <p style="text-align: center;">LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p> </div> <div style="width: 33%;"></div> <div style="width: 33%;"></div> </div>																										

Reference Point: _____ Reference line: _____

[illegible]

[illegible]

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9611

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 02

4. Date of Accident (Month, Day, Year) 9 6

5. Time of Accident 0750

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use

7. 0 SS16 Pedestrian Crash Data Study
(Data for this special study available in a separate file.)

8. 0 SS17 Impact Fires

9. 0 SS18 Unsafe Driver Actions

10. 0 SS19 Run Off Road

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 05

Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>03</u>	15. <u>F</u>	16. <u>02</u>	17. <u>28</u>	18. <u>L</u>
19. <u>02</u>	20. <u>02</u>	21. <u>28</u>	22. <u>R</u>	23. <u>31</u>	24. <u>00</u>	25. <u>N</u>
26. <u>03</u>	27. <u>02</u>	28. <u>28</u>	29. <u>R</u>	30. <u>51</u>	31. <u>00</u>	32. <u>0</u>
33. <u>04</u>	34. <u>02</u>	35. <u>28</u>	36. <u>R</u>	37. <u>68</u>	38. <u>00</u>	39. <u>0</u>
40. <u>05</u>	41. <u>02</u>	42. <u>28</u>	43. <u>R</u>	44. <u>42</u>	45. <u>00</u>	46. <u>0</u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- 106.0 ⇒ 269.2
- | | |
|--|---|
| (00) Not a motor vehicle | (31) Large pickup truck (≤ 4,536 kgs GVWR) |
| (01) Subcompact/mini (wheelbase < 254 cm) | (38) Other pickup truck (≤ 4,536 kgs GVWR) |
| (02) Compact (wheelbase ≥ 254 but < 265 cm) | (39) Unknown pickup truck type (≤ 4,536 kgs GVWR) |
| (03) Intermediate (wheelbase ≥ 265 but < 278 cm) | (45) Other light truck (≤ 4,536 kgs GVWR) |
| (04) Full size (wheelbase ≥ 278 but < 291 cm) | (48) Unknown light truck type (≤ 4,536 kgs GVWR) |
| (05) Largest (wheelbase ≥ 291 cm) | (49) Unknown light vehicle type |
| (09) Unknown passenger car size | (50) School bus (excludes van based) (> 4,536 kgs GVWR) |
| (14) Compact utility vehicle | (58) Other bus (> 4,536 kgs GVWR) |
| (15) Large utility vehicle (≤ 4,536 kgs GVWR) | (59) Unknown bus type |
| (16) Utility station wagon (≤ 4,536 kgs GVWR) | (60) Truck (> 4,536 kgs GVWR) |
| (19) Unknown utility type | (67) Tractor without trailer |
| (20) Minivan (≤ 4,536 kgs GVWR) | (68) Tractor-trailer(s) |
| (21) Large van (≤ 4,536 kgs GVWR) | (78) Unknown medium/heavy truck type |
| (24) Van Based school bus (≤ 4,536 kgs GVWR) | (79) Unknown light/medium/heavy truck type |
| (28) Other van type (≤ 4,536 kgs GVWR) — GVØ7=25 | (80) Motored cycle |
| (29) Unknown van type (≤ 4,536 kgs GVWR) | (90) Other vehicle |
| (30) Compact pickup truck (≤ 4,536 kgs GVWR) | (99) Unknown |

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|---|--|--|---|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle
(N) Noncollision
(F) Front | (R) Right side
(L) Left side
(B) Back | (T) Top
(U) Undercarriage
(9) Unknown |
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side | (L) Left side
(B) Back of unit with cargo area
(rear of trailer or straight truck)
(D) Back (rear of tractor) | (C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| (01-30) — Vehicle Number | (57) Fence |
| Noncollision | (58) Wall |
| (31) Overturn — rollover (excludes end-over-end) | (59) Building |
| (32) Rollover — end-over-end | (60) Ditch or culvert |
| (33) Fire or explosion | (61) Ground |
| (34) Jackknife | (62) Fire hydrant |
| (35) Other intraunit damage (specify): | (63) Curb |
| (36) Noncollision injury | (64) Bridge |
| (38) Other noncollision (specify): | (68) Other fixed object (specify):
MAIL BOX(ES) |
| (39) Noncollision — details unknown | (69) Unknown fixed object |
| Collision With Fixed Object | Collision with Nonfixed Object |
| (41) Tree (≤ 10 cm in diameter) | (70) Passenger car, light truck, van, or other vehicle
not in-transport |
| (42) Tree (> 10 cm in diameter) | (71) Medium/heavy truck or bus not in-transport |
| (43) Shrubbery or bush | (72) Pedestrian |
| (44) Embankment | (73) Cyclist or cycle |
| (45) Breakaway pole or post (any diameter) | (74) Other nonmotorist or conveyance |
| Nonbreakaway Pole or Post | (75) Vehicle occupant |
| (50) Pole or post (≤ 10 cm in diameter) | (76) Animal |
| (51) Pole or post (> 10 cm but ≤ 30 cm in diameter) | (77) Train |
| (52) Pole or post (> 30 cm in diameter) | (78) Trailer, disconnected in transport |
| (53) Pole or post (diameter unknown) | (79) Object fell from vehicle in-transport |
| (54) Concrete traffic barrier | (88) Other nonfixed object (specify): |
| (55) Impact attenuator | (89) Unknown nonfixed object |
| (56) Other traffic barrier (includes guardrail)
(specify): | (98) Other event (specify): |
| | (99) Unknown event or object |

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

96 11
01

VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year
(99) Unknown

92

5. Vehicle Make (specify):

FORD
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

12

6. Vehicle Model (specify):

TAURUS GL
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

017

7. Body Type

Note: Applicable codes may be found on
the back of this page.

06

8. Vehicle Identification Number

1EALP57U0NG
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

0

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

999

___ mph X 1.6093 = ___ kmph

12. Speed Limit

(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

040

25 mph X 1.6093 = 40 kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

0

14. Alcohol Test Result For Driver

Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

96

Source: PAR

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

0

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

0

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

19147

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

1

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) _____
 Unknown type of junction

(9) Unknown

20. Trafficway Flow 3
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)

(7) Unknown sign

(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____

(2) Traffic control device functioning properly

(9) Unknown

PRECRAASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 98
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see
Distractions
 (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/controls integral to vehicle (specify): _____
 (10) While using or reaching for device/object brought into vehicle (specify): _____
 (11) Sleepy or fell asleep
 (12) Distracted by outside person, object, or event (specify): _____
 (13) Eating or drinking
 (14) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown
31. Pre-Event Movement (Prior to Recognition of Critical Event) 01
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (99) Unknown
32. Critical Precrash Event 17
THIS VEHICLE LOSS OF CONTROL DUE TO:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
 (61) From adjacent lane (same direction)—over right lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver

01

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location

1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

88

(Note: Applicable codes on back of this page)

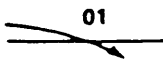

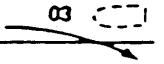
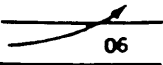
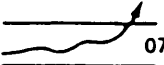
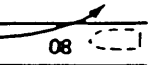
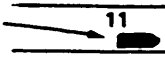
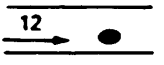

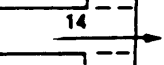

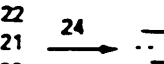
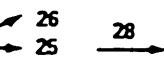
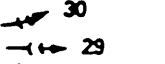
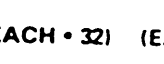


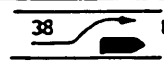
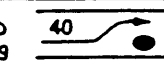
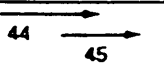
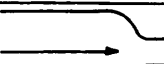
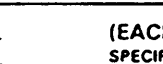

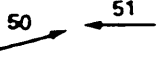


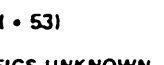



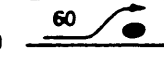



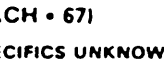
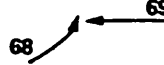
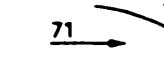
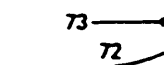

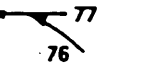
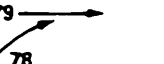
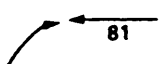
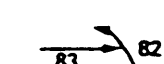
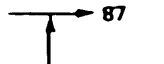
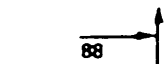

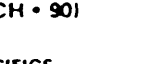
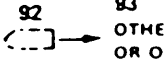


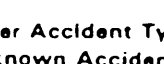

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 26 DECEL. 28, 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 45 SPECIFICS UNKNOWN	 46 SPECIFICS OTHER	 47 SPECIFICS UNKNOWN	(EACH • 48) (EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	 52 SPECIFICS UNKNOWN	 53 SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	 66 SPECIFICS UNKNOWN	 67 SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 69 INITIAL SAME DIRECTIONS	 70 SPECIFICS OTHER	 71 SPECIFICS UNKNOWN	(EACH • 74) (EACH • 75)
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 77 TURN INTO OPPOSITE DIRECTIONS	 78 SPECIFICS OTHER	 79 SPECIFICS UNKNOWN	(EACH • 84) (EACH • 85)
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 SPECIFICS OTHER	 87 SPECIFICS UNKNOWN	 88 SPECIFICS OTHER	 89 SPECIFICS UNKNOWN	(EACH • 90) (EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	 98 Other Accident Type	 99 Unknown Accident Type	 00 No Impact

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
38. Number of Occupants This Vehicle 02
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
39. Number of Occupant Forms Submitted 02

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
(0) No (includes unknown)
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
(0) Not equipped or not available
(1) No air bags deployed
Single Air Bag Vehicle
(2) Driver air bag deployed
(3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
(4) Driver side only deployed
(5) Passenger side only deployed
(6) Driver and passenger side deployed
(7) Driver and passenger side unknown if deployed
(8) Air bag(s) deployed, details unknown
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
(0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.490
Code weight to nearest 10 kilograms.
(045) Less than 454 kilograms
(612) 6,124 kilograms or more
(999) Unknown
3294 lbs X 4536 = 1.494 kg
Source: 92'

44. Vehicle Cargo Weight 000
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(454) 4,536 kilograms or more
(999) Unknown
10 lbs X .4536 = 4.5 kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
(00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(01-16) Code the number of quarter turns
(17) Rollover, 17 or more quarter turns (specify): _____
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)
(99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
(00) No rollover
(01) Trip-over
(02) Flip-over
(03) Turn-over
(04) Climb-over
(05) Fall-over
(06) Bounce-over
(07) Collision with another vehicle
(08) Other rollover initiation type specify): _____
(98) Rollover--end-over-end
(99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder--paved
(3) On shoulder--unpaved
(4) On roadside or divided trafficway median
(8) Rollover--end-over-end
(9) Unknown
48. Rollover Initiation Object Contacted 00
(Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____
(6) Non-contact rollover forces (specify): _____
(8) Rollover--end-over-end
(9) Unknown
50. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(8) Rollover--end-over-end
(9) Unknown roll direction

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify):

*Underride (see specific CDC)**[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*

- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (996) Non-horizontal impact
- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 270
54. Heading Angle For Other Vehicle 178

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 0 1

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
- (02) Reconstruction program-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V Highest0 2 222 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V Highest+ 0 1 7-17 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V Highest+ 0 1 4-14 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption Highest0 1 8 . 9 0 018,901 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest9 9 8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

3

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed Highest0 1 312.9 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V

INSPECTION TYPE

66. Estimated Highest Delta V (Researcher Determined)

0

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) ≥ 10 kmph but < 25 kmph
- (3) ≥ 25 kmph but < 40 kmph
- (4) ≥ 40 kmph but < 55 kmph
- (5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

67. Type of Vehicle Inspection

3

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify): _____
- (3) Complete inspection

DELTA V EVENT NUMBER

68. Delta V Event Number

1

Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle

(99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number		<u>10</u>
2. Case Number - Stratum		<u>9611</u>
3. Vehicle Number		<u>01</u>

VEHICLE IDENTIFICATION

VIN 1FALP57U0NG Model Year 92
Vehicle Make (specify): FORD Vehicle Model (specify): TAURUS GL
Station wagon

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	Across whole front	Across whole front	C-6

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 106.0 inches x 2.54 = 269.2 cm
 Overall Length 193.1 inches x 2.54 = 490.5 cm
 Maximum Width 71.2 inches x 2.54 = 180.8 cm
 Curb Weight 3,294 pounds x 0.4536 = 1,494.2 kg
 Average Track ^{61.6}59.9 60.75 inches x 2.54 = 154.3 cm
 Front Overhang inches x 2.54 = cm
 Rear Overhang inches x 2.54 = cm
 Undeformed End Width 58.3 inches x 2.54 = 148 cm
 Engine Size: cyl/dspl. cc x 0.001 = 3.0 L
 V6 3.0 L
 6-passenger 182 CID x 0.0164 = 3.0 L

Branhom's Shipping weight 3,144
100
3,244

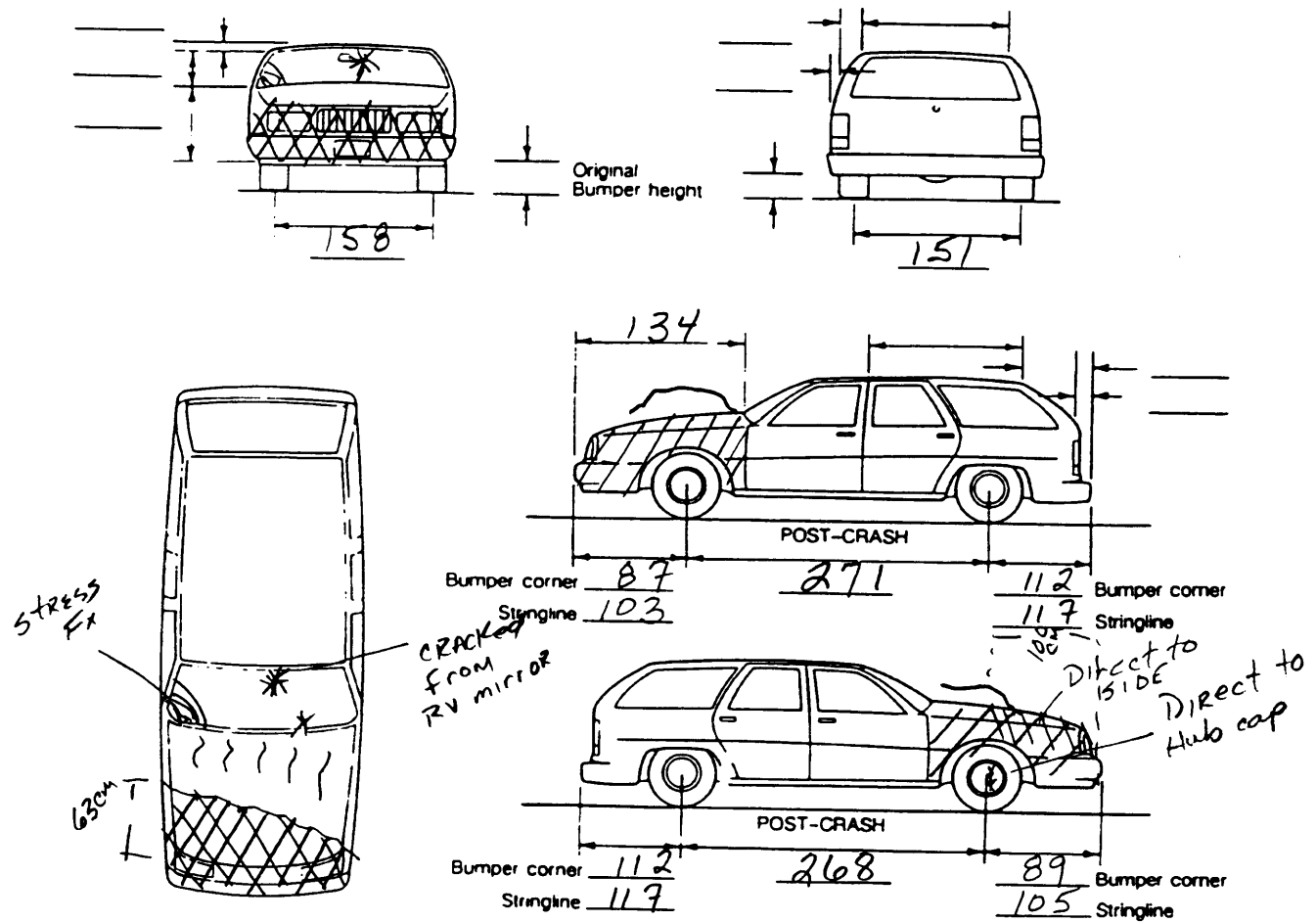
SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} Color: {specify} Green Repair Cost: \$
 Transmission: {circle} Automatic | Manual Speed: 3-speed | 4-speed | 5-speed | Other:
 Steering: {circle} Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other
 {please describe}:
 Brakes: {circle} Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
front disc, rear drum | Other:
 Observed Defects: {specify}
 Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other
 {please describe}:

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>2</u> RF <u>2</u> LF <u>2</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>269</u> cm Overall Length <u>490</u> cm Maximum Width <u>181</u> cm Curb Weight <u>1494</u> kg Average Track <u>154</u> cm Front Overhang <u>103</u> cm Rear Overhang <u>117</u> cm Undeformed End Width <u>148</u> cm Engine Size: cyl./displ. <u>V6 3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight <u>5</u> kg		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extinction such as component removal by torching, prying, or hydraulic shears.

BRANHAM AUTOMOBILE REFERENCE BOOK-PASSENGER CAR SECTION

FORD MOTOR CO., The American Road, Michigan 48121

Type of Body Pass. Cap.	Model	Wheel Base	Total Length	Ship. Wt.	Tax H.P.	Factory List Price	Factory Del'd Price
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FORD Motor Co., The American Road, Michigan 48121

1992 FESTIVA SERIES - FWD, 1.3 L, 4-Cyl (80.7"), EPFI Gas Engine

Bore & Stroke 2.79" x 3.29"; Tax. H.P. 12.45; P.D. 80.7 cu.in., 1.3 Liter, 99H; Manual Transaxle (5/17/91)

4-Ps 2-dr. Hatchback, L Series T05	T05	140.5"	1,720	12.45	6,941	7,236
4-Ps 2-dr. Hatchback, GL Series T06	T06	140.5"	1,742	12.45	7,980	8,275

Options Festiva: 3-Speed Automatic Transaxle-\$515 for GL; Calif. Emissions System-\$72; Air Conditioning, Manual-\$863 for GL; Defroster, Rear Window-\$170; Radio, Electronic AM/FM Stereo Cassette w/Digital Clock, L-\$467; GL-\$155; Roof, Flip-Up Open Air-\$243; Sports Option Package-\$366 for GL Model

1992 MUSTANG SERIES RWD, 4-Cyl, 2.3 L (140"), EPFI Gas Engine

Bore & Stroke, 3.78" x 3.12"; Tax. H.P. 22.9; P.D. 140 cu.in., 2.3 Liter, 5-Spd. Man. Trans., 5/17/91

MUSTANG-100.5" w.b., 5-Spd. Manual Transmission

4-Ps 2-dr. LX Sedan P40	66 (BA) HVS	100.5"	179.6"	2,658	22.9	10,215	10,655
4-Ps 2-dr. LX Hatchback P41	61 (DA) HVS	100.5"	179.6"	2,717	22.9	10,721	11,161
4-Ps 2-dr. LX Convertible P44	66 (BA) HVS	100.5"	179.6"	2,875	22.9	16,899	17,339

1992 MUSTANG SERIES RWD 5.0L, V8 Cycl. (302"), EPFI Gas Engine

Bore & Stroke, 4" x 3"; Tax. H.P. 51.2; P.D. 302 cu.in., 5.0 Liter, w.b. 100.5"; 5-Spd. Man. Trans., 5/17/91

4-Ps 2-dr. LX Sedan P40	66 (BA) HVS	100.5"	179.6"	2,882	51.2	13,422	13,862
4-Ps 2-dr. LX Hatchback, P40	61 (DA) HVS	100.5"	179.6"	2,914	51.2	14,207	14,647
4-Ps 2-dr. LX Convertible P44	66 (BA) B2L	100.5"	179.6"	3,103	51.2	19,644	20,084

MUSTANG GT Model RWD

4-Ps 2-dr. GT Hatchback P42	61 (DA) HVB	100.5"	179.6"	3,016	51.2	15,243	15,683
4-Ps 2-dr. GT Convertible P45	66 (BA) HVS (B2L)	100.5"	179.6"	3,237	51.2	20,199	20,539

Options Mustang: 4-Spd. Automatic Overdrive-\$595; Calif. Emissions System-\$100; Leather Seating Surfaces - Sport-\$523; Air Conditioning, Manual Control-\$817; Defroster, Rear Window-\$170; Roof, Flip-Up Open Air-\$355; Seat, 4-way Power Driver's -\$183; Wheels, Cast Aluminum, LX Model-\$401

1992 PROBE Series - FWD, 2.2L, 4-Cyl (133.3"), EPFI Gas Eng. (99C) (99L)

Bore & Stroke, 3.39" x 3.7"; Tax., H.P. 18.39; P.D. 133.3 cu.in.; 2.2 Liter

PROBE - 99.0" w.b., 99C/445

4-Ps 2-dr. GT, H.B., Man. Tr. T20	AF	99.0"	177.0"	2,622	18.39	12,257	12,587
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PROBE - 99.0" w.b., 99L/445

4-Ps 2-dr. GT, H.B., Man. Tr. T22	AX	99.0"	177.0"	2,892	18.37	14,857	15,187
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1992 PROBE Series - FWD, 3.0L; V6 Cyl (182"), EPFI Gas Eng. (99U)

Bore & Stroke 3.5" x 3.1"; Tax. H.P. 29.4; P.D. 182 cu.in.; 3.0 Liter

PROBE - 99.0" w.b., 99U/445

4-Ps 2-dr. LX H.B., Man. Tr. T21	AL	99.0"	177.0"	2,862	29.4	13,257	13,587
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Options Probe: 4-Spd., Overdrive Automatic-\$732; Calif. Emissions System-\$72; Leather Seating Surfaces Buckets-\$523 for GT and LX; Air Conditioning, Manual, Model GL, without tinted glass-\$937; All other models \$817; Air Conditioning, Electronic, LX & GT-\$1000; Anti-Lock Brakes, Models LX & GT-\$595; I Convenience Group II GL-\$188; LX and GT-\$323; Power Door Locks, GL-\$210; Power Driver's Seat-\$305 for LX & GT; Power Side Windows & Door Locks-\$485 for LX & GT; Radio, AM/FM Electronic Cassette with packages 253A-\$709; without said packages-\$1080; Roof, Flip-Up Open Air-\$355; Speed control-\$224; Trip Computer-\$215 for LX & GT; Wheels, Aluminum with BSW Tires-\$313 for GL model

1992 TAURUS Series (FWD) 3.0 L, V6 Cyl (182") SEFI Gas Engine, 99U & 99Y

Bore & Stroke 3.50" x 3.15"; Tax. H.P. 29.4; P.D. 182 cu.in.; 3.0 Liter

TAURUS FWD, w.b., 106.0" 4-Spd. Auto w/O.D. Trans

6-Ps 4-dr. L Sedan	P50 FC/HVS	106.0"	192.0"	2,991	29.4	14,980	15,470
6-Ps 4-dr. GL Sedan	P52 FC/HVD	106.0"	192.0"	2,997	29.4	15,280	15,770
6-Ps 4-dr. LX Sedan	P53 FC/HVB	106.0"	192.0"	3,073	29.4	17,775	18,265
6-Ps 4-dr. L Wagon	P55 FF/HVS	106.0"	193.1"	3,142	29.4	16,013	16,503
6-Ps 4-dr. GL Wagon	P57 FF/HVD	106.0"	193.1"	3,144	29.4	16,290	16,780
6-Ps 4-dr. LX Wagon	P58 FF/HVB	106.0"	193.1"	3,268	29.4	19,464	19,954

1992 TAURUS Series FWD, 3.0 L, V6 Cyl (182"), DOHC, SEFI Gas Engine 99Y

Bore & Stroke, 3.50" x 3.15"; Tax. H.P. 29.4; P.D. 182 cu.in., 3.0 Liter

TAURUS SHO, w.b., 106.0"; 5-Spd. Manual Tmas. Transaxle

5-Ps 4-dr. Sedan, "SHO"	P54 FC/HVE	106.0"	192.0"	3,189	29.4	23,839	24,329
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Options Taurus: 3.8 Liter EFI 6 Cyl. Eng. for GL & LX-\$555; Calif. Emissions System-\$100; Air Bag Passenger-\$488; Air Conditioning, Electronic Climate Control, LX Model-\$183; Anti-Lock Braking System-\$595; Audio Digital Disc-\$491; Ford JBL Audio System-\$526 for LX & SHO Models; Locks, Power Door-\$257 Model L; Luxury Convenience Group-\$1407 for Models LX & SHO; Moonroof, Power-\$776 for LX & SHO; Power Seats, Driver/Passenger-\$305 for LX & SHO; Seat, Rear Facing Third-\$155 for Wagons only L, GL, LX; Speed Control-\$244 for L Model; Washer/Wiper/Rear Window-\$135 for Wagons only, L & GL; Wheels, Sparkle Cast Aluminum-\$389 for GL only; Windows, Power Side-\$356 for Model L

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>01</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>148</u>	<u>006</u>	<u>006</u>	<u>005</u>	<u>005</u>	<u>012</u>	<u>015</u>	<u>+ 000</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.) 148
Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

27. Direct Damage Width
(For highest severity impact) 140
Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

28. Original Wheelbase 269
Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
106.0 inches X 2.54 = 269.2 centimeters

29. Original Average Track Width 154
Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
60.75 inches X 2.54 = 154.3 centimeters

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

<p>43. Leakage Location of Fuel System-1 <u>1</u></p> <p>44. Leakage Location of Fuel System-2 <u>0</u></p> <p>(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p>(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____ (9) Unknown</p> <p>45. Fuel Type-1 <u>0</u> <u>1</u></p> <p>46. Fuel Type-2 <u>0</u> <u>0</u></p> <p><i>Single Fuel Type</i></p> <p>(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p>(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p>(98) Other Hybrid (specify): _____</p> <p>(99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p>(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p>(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p>(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p>(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p>(9) Unknown if more than two tanks</p>
<p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***</p> <p>(GV10 = 0)</p> <p>DO NOT COMPLETE THE INTERIOR VEHICLE FORM.</p>	



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

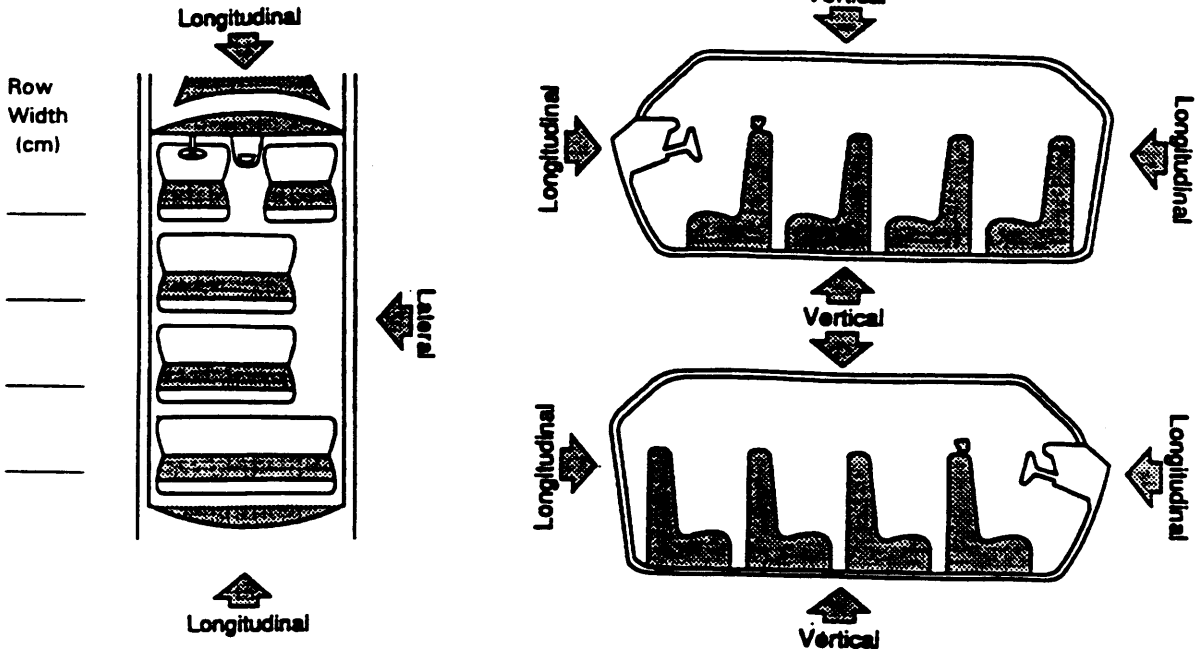
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
13	windshield	-	=	1cm	LONG
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		
		-	=		

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

No- DEFORMATION				
-----------------	--	--	--	--

-	=
---	---

-	=
---	---

-	=
---	---

STEERING COLUMN

87. Steering Column Type

- (1) Fixed column
(2) Tilt column
(3) Telescoping column
(4) Tilt and telescoping column
(8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
(1) Full up
(2) Between full up and center
(3) Center
(4) Between center and full down
(5) Full down
(9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
(1) Full back
(2) Between full back and midpoint
(3) Midpoint
(4) Between midpoint and full forward
(5) Full forward
(9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured
deformation to the nearest centimeter
(00) No steering rim deformation
(01-14) Actual measured value in centimeters
(15) 15 centimeters or more
(98) Observed deformation cannot be measured
(99) Unknown

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

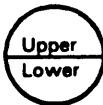
Quarter Sections

- (01) Section A
(02) Section B
(03) Section C
(04) Section D



Half Sections

- (05) Upper half of rim/spoke
(06) Lower half of rim/spoke
(07) Left half of rim/spoke
(08) Right half of rim/spoke



- (09) Complete steering wheel collapse
(10) Undetermined location
(99) Unknown

INSTRUMENT PANEL

92. Odometer Reading

_____ kilometers
Code to the nearest 1,000 kilometers
(000) No odometer
(001) Less than 1,500 kilometers
(500) 499,500 kilometers or more
(999) Unknown
66,487 miles X 1.6093 = 107,000 kilometers

Source: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

- (0) No
(1) Yes
(9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
(1) Padded
(2) Rigid plastic
(8) Other (specify): _____
(9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
(1) No deformation
(2) Yes - deformation
(9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
(1) No - door did not open
(2) Yes - door opened
(9) Unknown

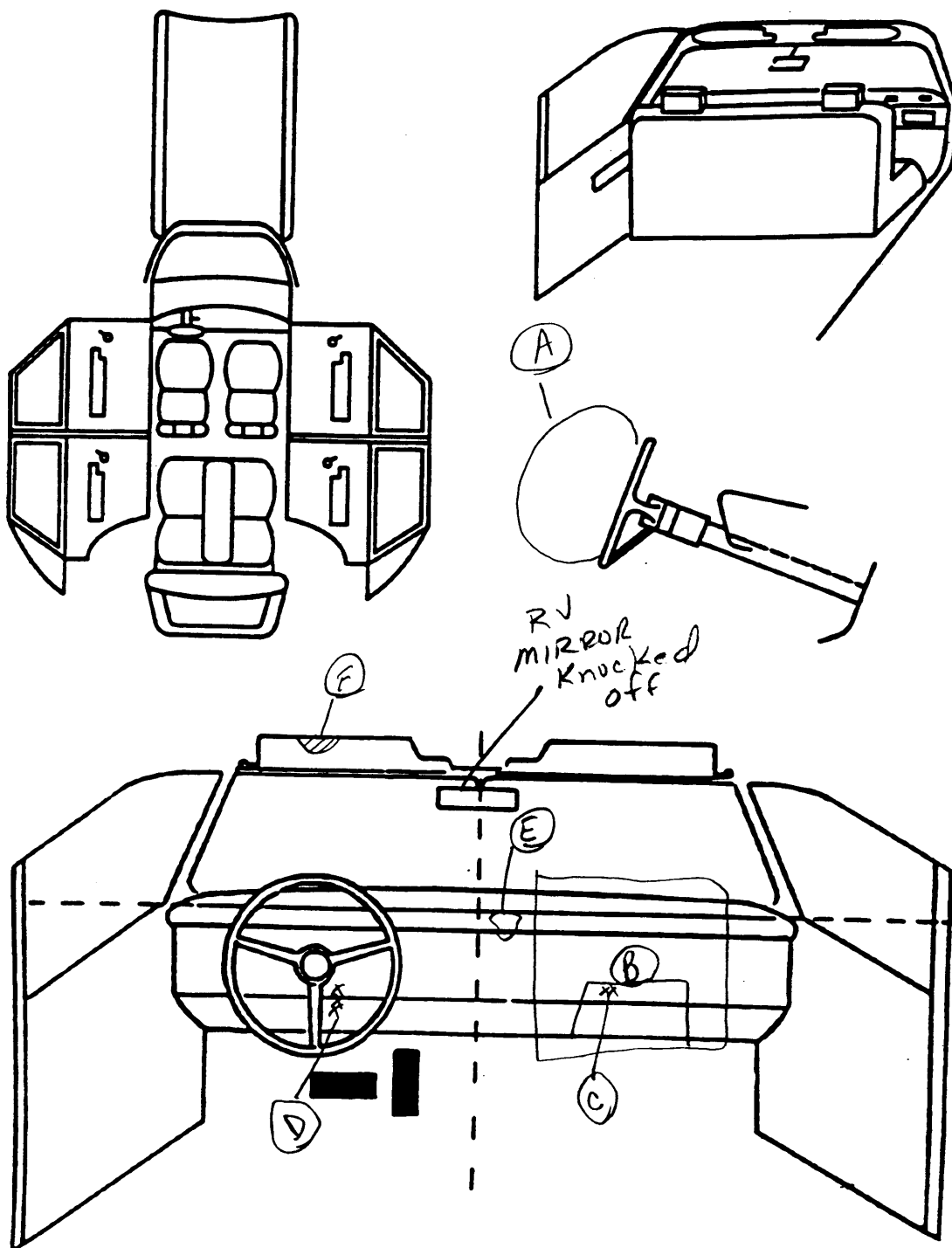
97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
(1) Adaptive driving equipment installed (Check all that apply.)
[] Hand controls for braking/acceleration
[] Steering control devices (attached to OEM steering wheel)
[] Steering knob attached to steering wheel
[] Low effort power steering (unit or device)
[] Replacement steering wheel (i.e., reduced diameter)
[] Joy-stick steering controls
[] Wheelchair tie-downs
[] Modification to seat belts (specify): _____
[] Additional or relocated switches (specify): _____
[] Raised roof
[] Wall-mounted head rest (used behind wheelchair)
[] Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	170	01	FACE	NO physical EVID.	1
B	180	02	FACE	based on Kinematics	1
C	013	02	(L) Knee	scuff	2
D	010	01	(R) Knee	scuff	1
E	011	02		Blood?	3
F	003	01	Forehead	SKIN transfer	1
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	3	4
	Evidence of usage	04	00	04
	Used in this crash?	00	00	04
	Proper Use	0	0	1
	Failure Modes	0	0	1
	Anchorage Adjustment	1	0	1
SECOND	Availability	4	3	4
	Evidence of usage	04	00	04
	Used in this crash?	00	00	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
	Anchorage Adjustment	1	0	1
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	/	/	
	Deployment	/	/	
	Failure	/	/	

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled
(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	○	○
	Use	○	○
	Type	○	○
	Proper Use	○	○
	Failure Modes	○	○

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify):

(6) Broken retractor
(7) Combination of above (specify):
(8) Other automatic belt failure (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	1
Flaps open at tear points?	2	2
Flaps damaged?	1	1
Air bag damaged?	01	01
Source of air bag damage	01	01
Air bag tethered?	2	1
Air bag have vent ports?	2	2
Other occupant contact air bag?	1	1
Occupant wearing eyewear?	2	1

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 2
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

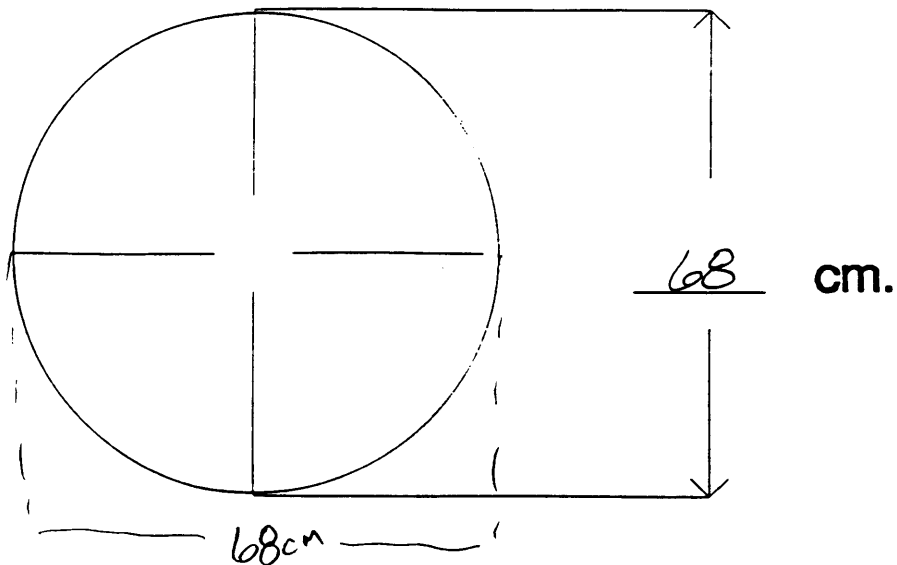
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

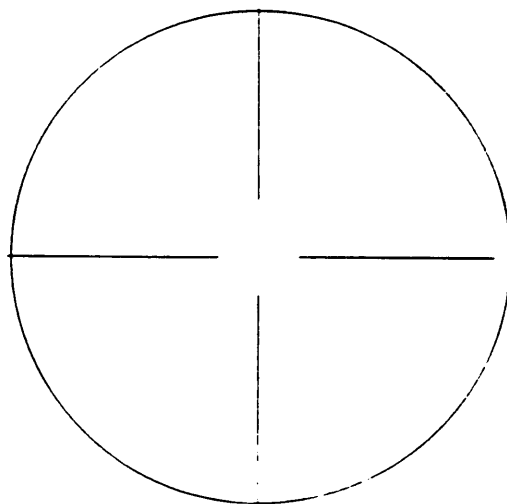
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



unable to
see contact (physical,
evidence
using AGFA
Loop magnifier

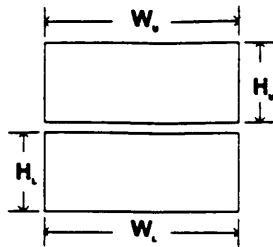
DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE. (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) 21 width (W_L) 21
height (H_U) 14 height (H_L) 7



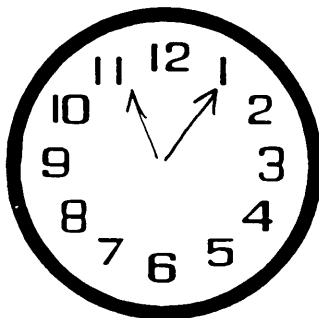
Bottom Flap pushed
through steering
wheel rim

NO EVIDENCE OF
contact on FLAPS

4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

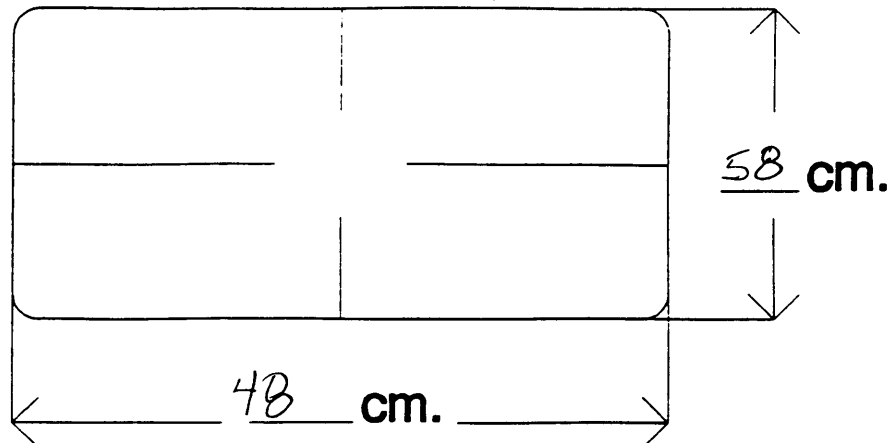
6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



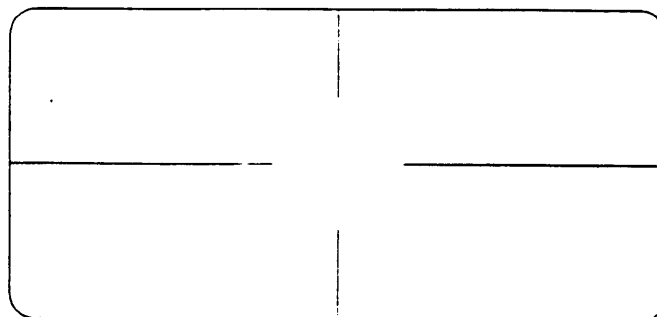
Both
2.5 cm DIAM.

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



unable to
find contact
evidence
using
AGFA Loop
magnifier

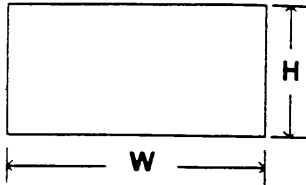
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

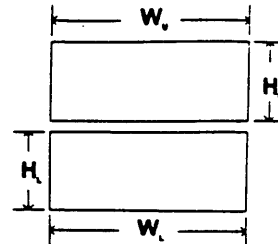
b. Lower Flap

width (W_u) 31

width (W_l) 31

height (H_u) 7

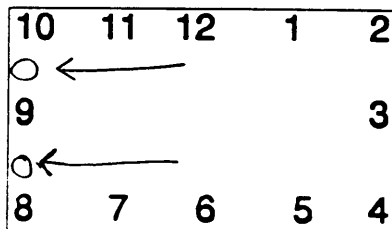
height (H_l) 6



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



Both vent
Diameters
are 5cm

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3		3
	Seat Type	06	06	06
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	2	2	2
	Seat Back Incline Pre/Post Impact	14		14
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	05	05	05
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
	Seat Track Position	1	1	1
	Seat Back Incline Pre/Post Impact	14	14	14
THIRD	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
OTHER	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION**Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
 (1) Integral — no damage
 (2) Integral — damaged during accident
 (3) Adjustable — no damage
 (4) Adjustable — damaged during accident
 (5) Add-on — no damage
 (6) Add-on — damaged during accident
 (8) Other
 Specify: _____
 (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Other seat type (specify): _____
 (10) Box mounted seat (i.e., van type)
 (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) ~~Seat tracks/anchors failed~~
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify): _____
 (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

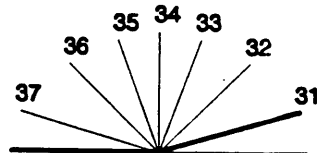
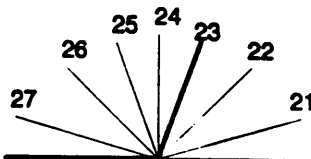
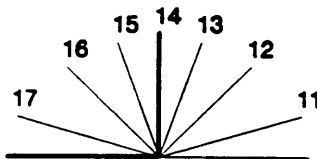
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
 (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat		N O N E				
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
Note: Options Below Are Used for Variables 3-5.
(00) No child safety seat

- Not Designed with Harness/Shield/Tether
- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

- Designed With Harness/Shield/Tether
- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

- Unknown If Designed With Harness/Shield/Tether
- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
(Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

NASS CDS VEHICLE FORMS: VEHICLE #2



U.S. Department of Transportation

National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9611
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 95
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): Dodge 07
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 461
B-350 RAM VAN
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown
7. Body Type 25
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number
2B7KB31Z2SK
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros Unknown—Code all nines
9. Vehicle Special Use (This Trip) 3
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

____ mph X 1.6093 = ____ kmph

12. Speed Limit 040
(000) No statutory limit
Code posted or statutory speed limit
in kmph
(999) Unknown
25 mph X 1.6093 = 40 kmph
13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown
14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR
15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown
16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):

(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given
17. Driver's Zip Code [REDACTED]
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown
18. Driver's Race/Ethnic Origin 2
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):

(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 4,500 kgs GVWR)
- (23) Van based motorhome (≤ 4,500 kgs GVWR)
- (24) Van based school bus (≤ 4,500 kgs GVWR)
- (25) Van based other bus (≤ 4,500 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

- (60) Step van (> 4,500 kgs GVWR)
- (61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
- (63) Single unit straight truck (> 12,000 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) _____ type of junction

(9) Unknown

20. Trafficway Flow 3
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 1

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) _____ Warning sign (not RR crossing)

- (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving 01
 (Prior To Recognition Of Critical Event)
 (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone
 (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location
 and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/object in vehicle
 (specify): _____
 (10) Sleepy or fell asleep
 (11) Distracted by outside person, object, or event
 (specify): _____
 (12) Eating or drinking
 (13) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown

31. Pre-Event Movement (Prior to
 Recognition of Critical Event) 08
 (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous
 critical event
 (97) Other (specify): _____
 (99) Unknown

32. Critical Precrash Event 66
This Vehicle Loss of Control Due To:
 (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off)
 (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew
 up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.)
 (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady
 speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor
 vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left
 lane line
 (61) From adjacent lane (same direction)—over right
 lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same
 direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite
 direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details
 unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway
 (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching
 roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown
 location (specify): _____

Object or Animal

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver 01

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Pre-crash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

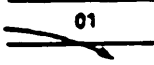


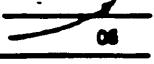


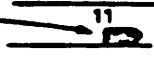


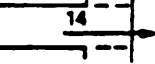
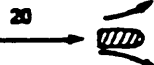
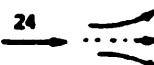
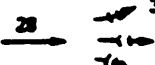


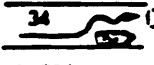
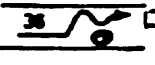


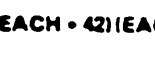

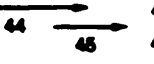
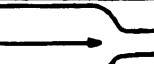
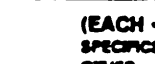

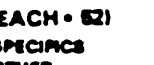
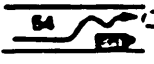



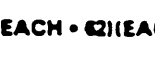
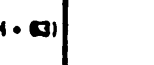

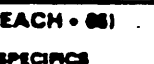



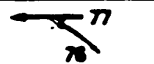
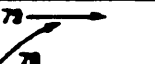
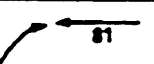

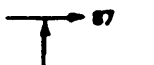
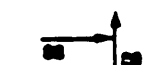
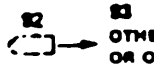

36. Accident Type 89

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH.. PED.. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH.. PED.. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 26, 28, 27	 28 DECEL. 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 42 SPECIFICS OTHER  43 SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 46 SPECIFICS OTHER	 47 SPECIFICS UNKNOWN	(EACH - 48) SPECIFICS OTHER	(EACH - 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	 62 SPECIFICS OTHER  63 SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	(EACH - 74) SPECIFICS OTHER	(EACH - 75) SPECIFICS UNKNOWN
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 SPECIFICS OTHER	 82 SPECIFICS UNKNOWN	(EACH - 84) SPECIFICS OTHER (EACH - 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 SPECIFICS OTHER	 88 SPECIFICS UNKNOWN	(EACH - 90) SPECIFICS OTHER	(EACH - 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

OCCUPANT RELATED37. Driver Presence in Vehicle 1

- (0) Driver not present
(1) Driver present
(9) Unknown

38. Number of Occupants This Vehicle 01
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

39. Number of Occupant Forms Submitted 01**AIR BAG RELATED**

40. Is this an AOPS Vehicle? 1
(0) No (includes unknown)
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts

41. Air Bag(s) Deployment, First Seat Frontal 1
(0) Not equipped or not available
(1) No air bags deployed

Single Air Bag Vehicle

- (2) Driver air bag deployed
(3) Driver air bag, unknown if deployed

Multiple Air Bag Vehicle

- (4) Driver side only deployed
(5) Passenger side only deployed
(6) Driver and passenger side deployed
(7) Driver and passenger side unknown if deployed
(8) Air bag(s) deployed, details unknown
(9) Unknown

42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
(0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 3110
Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown
6860 lbs X .4536 = 3112 kgs

Source: Company

44. Vehicle Cargo Weight 0000
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

____ lbs X .4536 = _____ kgs

Source: DRIVER**ROLLOVER DATA**

45. Rollover 01
(00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(01-16) Code the number of quarter turns
(17) Rollover, 17 or more quarter turns (specify): _____
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)
(99) Rollover (overturn), details unknown

46. Rollover Initiation Type 07
(00) No rollover
(01) Trip-over
(02) Flip-over
(03) Turn-over
(04) Climb-over
(05) Fall-over
(06) Bounce-over
(07) Collision with another vehicle
(08) Other rollover initiation type specify): _____
(98) Rollover--end-over-end
(99) Unknown rollover initiation type

47. Location of Rollover Initiation 1
(0) No rollover
(1) On roadway
(2) On shoulder--paved
(3) On shoulder--unpaved
(4) On roadside or divided trafficway median
(8) Rollover--end-over-end
(9) Unknown

48. Rollover Initiation Object Contacted 01
(Note: Applicable codes on back of page)

49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 2
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____

(6) Non-contact rollover forces (specify): _____

- (8) Rollover--end-over-end
(9) Unknown

50. Direction of Initial Roll 1
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(8) Rollover--end-over-end
(9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 178
54. Heading Angle For Other Vehicle 270

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 01

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program
 -damage only routine
 (02) Reconstruction program
 -damage and trajectory routine
 (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

- (98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

0 1 111 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

⊖ 0 0 7-7 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

61. Lateral Component of Delta V

Highest

⊕ 0 0 8+8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (999) Unknown

62. Energy Absorption

Highest

0 50 6 0050,643 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

9 9 8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

3

- (0) No reconstruction
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

0 1 919.3 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V

INSPECTION TYPE

66. Estimated Highest Delta V (Researcher Determined)

0

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
(2) ≥ 10 kmph but < 25 kmph
(3) ≥ 25 kmph but < 40 kmph
(4) ≥ 40 kmph but < 55 kmph
(5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
(7) Moderate
(8) Severe
(9) Unknown

67. Type of Vehicle Inspection

3

- (0) No inspection
(1) Vehicle fully repaired-no damage evident
(2) Partial inspection (specify):
(3) Complete inspection

DELTA V EVENT NUMBER

68. Delta V Event Number

1

Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle

(99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	<u>10</u>
2. Case Number - Stratum	<u>9611</u>
3. Vehicle Number	<u>02</u>

VEHICLE IDENTIFICATION

VIN 2B7KB31Z2SK Model Year 95
Vehicle Make (specify): Dodge Vehicle Model (specify): Ram VAN 350
Certified Altered

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	starts @ LF Axle BACK	→ starts @ LF Axle BACK	C-3
02			
03			

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>127.6</u>	inches	x 2.54	=	<u>324.1</u>	cm
Overall Length	<u>231.2</u>	inches	x 2.54	=	<u>587.2</u>	cm
Maximum Width	<u>79.8</u>	inches	x 2.54	=	<u>202.7</u>	cm
Curb Weight*	<u>6,880</u>	pounds	x 0.4536	=	<u>3,111.7</u>	kg
Average Track	_____	inches	x 2.54	=	_____	cm
Front Overhang	<u>28.1</u>	inches	x 2.54	=	<u>71.4</u>	cm
Rear Overhang	<u>69.8</u>	inches	x 2.54	=	<u>177.3</u>	cm
Undeformed End Width	_____	inches	x 2.54	=	_____	cm
Engine Size: cyl/disl.	_____	cc	x 0.001	=	<u>5.9</u>	L
V8, 5.9L	<u>360</u>	CID	x 0.0164	=	<u>5.9</u>	L

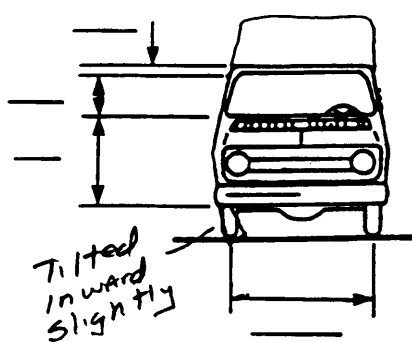
*Curb weight determined from
Conversion Company

SPECIAL CRASH INVESTIGATION ADDENDUM

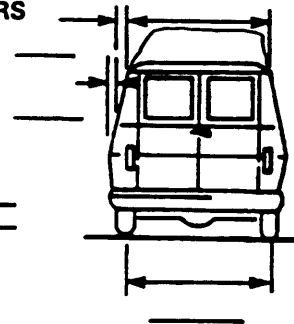
Submodel Designation: {specify}	Color: {specify} <u>White</u>	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual	Speed: 3-speed <u>4-speed</u> 5-speed Other:	
Steering: {circle} <u>Power-assisted</u> Manual	Type: rack-and-pinion worm-and-gear <u>Other</u> <u>recirculating ball</u>	
Brakes: {circle} <u>Power-assisted</u> Manual	Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic <u>front disc, rear drum</u> Other:	
Observed Defects: {specify}		
Fleet Type: {circle} Private vehicle Rental vehicle Leased vehicle <u>Commercial vehicle</u> Other		
{please describe}:		

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>2</u> RF _____ LF <u>2</u> LF _____ RR <u>2</u> RR _____ LR <u>2</u> LR _____ (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>324</u> cm Overall Length <u>587</u> cm Maximum Width <u>201</u> cm Curb Weight <u>3112</u> kg Average Track <u>168</u> cm Front Overhang <u>71</u> cm Rear Overhang <u>177</u> cm Undeformed End Width <u>186</u> cm Engine Size: cyl./displ. <u>5-9 V8</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg		

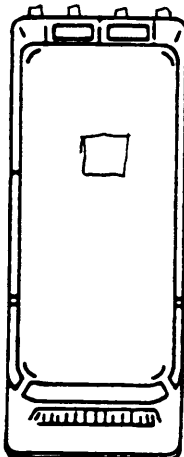


MEASUREMENTS IN CENTIMETERS



Turtle top
extended VAN

(2") 5cm
ADD on
Rubber REAR
Bumper guards



Direct
starts
@ LF axle

Direct from
sign impact
MAIL BOX

Direct from
TRAFFIC signal
pole

TIRE
VERY LOW

/// = windows
K.O.D

Stringline 182

Stringline

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

REFERENCE BOOK-TRUCK SECTION

Dodge Div., Chrysler Corp., MI 48231

Type of Body Pass. Cap.	Model	Dimensions Inches			Ship. Wt.	Tax H.P.	Max GVW	Ins wgt class	List Price
		W.B.	Lt	Wt.					
B150 Commercial w/24C	AB1L12	127.6"	205.2"	79.8"	79.5"	4012	48.92	5300	L 17,192
B250 Commercial w/24C	AB2L11	109.6"	187.2"	79.8"	79.9"	3891	48.92	6010	L 17,577
B250 Conversion w/24E	AB2L11	109.6"	187.2"	79.8"	79.9"	3891	48.92	6010	L 18,127
B250 Commercial w/24C	AB2L12	127.6"	205.2"	79.8"	79.9"	4017	48.92	6010	L 17,424
B250 Conversion w/24F	AB2L12	127.6"	205.2"	79.8"	79.9"	4052	48.92	6800	L 19,205
B250 Comm Maxi w/24C	AB2L13	127.6"	231.2"	79.8"	79.9"	4226	48.92	6400	L 18,739
Ram Wagon									
8-PS B150 Value w/24C	AB1L51	109.6"	187.2"	79.8"	79.5"	4251	48.92	6010	L 16,562
8-PS B150 SLT w/24E	AB1L51	109.6"	187.2"	79.8"	79.5"	4251	48.92	6010	L 19,339
8-PS B250 Value w/24C	AB2L52	127.6"	205.2"	79.8"	79.9"	4380	48.92	6400	L 20,288
8-PS B250 SLT w/24E	AB2L52	127.6"	205.2"	79.8"	79.9"	4380	48.92	6400	L 22,441
5-PS B250 Maxi w/24A	AB2L53	127.6"	231.2"	79.8"	79.9"	4581	48.92	6400	L 20,752
Auto. Trans. 4-speed; EPA Mileage Estimate (150 & 250) 13/17 (350 Van) 13/17 (350 Wagon) 12/16									
Ram Van									
B150 Commercial w/26C	AB1L11	109.6"	187.2"	79.8"	79.5"	3913	48.92	5300	L 15,173
B150 Commercial w/26C	AB1L12	127.6"	205.2"	79.8"	79.5"	4012	48.92	5300	L 17,442
B250 Commercial w/26C	AB2L11	109.6"	187.2"	79.8"	79.9"	3891	48.92	6010	L 17,827
B250 Conversion w/26E	AB2L11	109.6"	187.2"	79.8"	79.9"	3891	48.92	6010	L 18,377
B250 Commercial w/26C	AB2L12	127.6"	205.2"	79.8"	79.9"	4017	48.92	6010	L 17,674
B250 Conversion w/26F	AB2L12	127.6"	205.2"	79.8"	79.9"	4052	48.92	6800	L 19,455
B250 Comm Maxi w/26C	AB2L13	127.6"	231.2"	79.8"	79.9"	4226	48.92	6400	L 18,989
B350 w/26A	AB3L12	127.6"	205.2"	79.8"	79.9"	4204	48.92	7500	L 19,108
B350 Commercial w/26C	AB3L12	127.6"	205.2"	79.8"	79.9"	4204	48.92	7500	L 18,989
B350 Shuttle w/26H	AB3L12	127.6"	205.2"	79.8"	79.9"	4204	48.92	7500	L 20,205
B350 Maxi w/26A	AB3L13	127.6"	231.2"	79.8"	79.9"	4354	48.92	7500	L 20,087
B350 Comm Maxi w/26C	AB3L13	127.6"	231.2"	79.8"	79.9"	4370	48.92	8510	L 19,471
B350 Shuttle Maxi w/26H	AB3L13	127.6"	231.2"	79.8"	79.9"	4354	48.92	7500	L 21,221
B350 School Bus Maxi w/26J	AB3L13	127.6"	231.2"	79.8"	79.9"	4370	48.92	7500	L 18,212
Ram Wagon									
8-PS B150 Value w/26C	AB1L51	109.6"	187.2"	79.8"	79.5"	4251	48.92	6010	L 16,812
8-PS B150 SLT w/26E	AB1L51	109.6"	187.2"	79.8"	79.5"	4251	48.92	6010	L 19,589
8-PS B250 Value w/26C	AB2L52	127.6"	205.2"	79.8"	79.9"	4380	48.92	6400	L 20,538
8-PS B250 SLT w/26E	AB2L52	127.6"	205.2"	79.8"	79.9"	4380	48.92	6400	L 22,691
8-PS B250 Maxi SLT w/26E	AB2L53	127.6"	231.2"	79.8"	79.9"	4581	48.92	6400	L 23,723
5-PS B350 w/26A	AB3L52	127.6"	205.2"	79.8"	79.9"	4543	48.92	7500	L 20,720
12-PS B350 Value w/26B	AB3L52	127.6"	205.2"	79.8"	79.9"	4543	48.92	7500	L 21,724
12-PS B350 SLT w/26E	AB3L52	127.6"	205.2"	79.8"	79.9"	4543	48.92	7500	L 24,899
5-PS B350 Maxi w/26A	AB3L53	127.6"	231.2"	79.8"	79.9"	4737	48.92	7500	L 21,790
15-PS B350 Maxi Value w/26B	AB3L53	127.6"	231.2"	79.8"	79.9"	4758	48.92	8510	L 23,369
15-PS B350 Maxi SLT w/26E	AB3L53	127.6"	231.2"	79.8"	79.9"	4758	48.92	8510	L 26,394

1995 Ram Wagon & Van V8 cyl 5.9 liter OVH SMPI Gas Engine(16 valve)

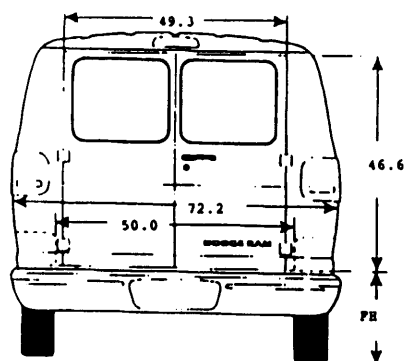
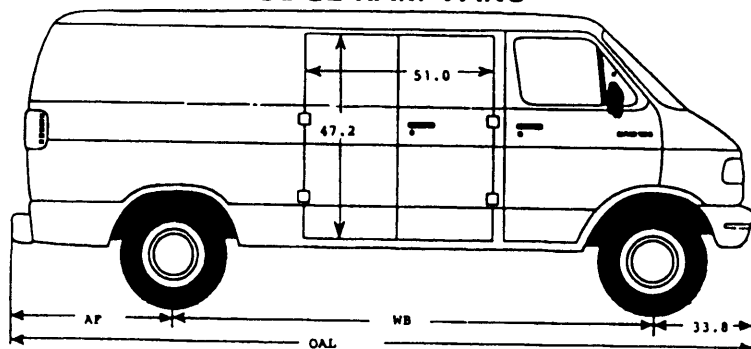
Bore & Stroke 4.0"x3.58", Tax H.P. 51.2, SAE H.P. 230@4000; Torque 330@3200, 360 cu.in., 5.9 liter

Auto. Trans. 4-speed; EPA Mileage (150 & 250) 12/16 (350 Van) 12/16 (350 Wagon) 11/16

Ram Van									
B250 Commercial w/28C	AB2L12	127.6"	205.2"	79.8"	79.9"	4095	51.2	6010	L 17,944
B250 Conversion w/28F	AB2L12	127.6"	205.2"	79.8"	79.9"	4130	51.2	6800	L 19,725
B250 Comm Maxi w/28C	AB2L13	127.6"	231.2"	79.8"	79.9"	4332	51.2	6400	L 19,259
B350 Commercial w/28C	AB3L12	127.6"	205.2"	79.8"	79.9"	4273	51.2	7500	L 19,259
B350 Shuttle w/28H	AB3L12	127.6"	205.2"	79.8"	79.9"	4273	51.2	7500	L 20,475
B350 Comm Maxi w/28C	AB3L13	127.6"	231.2"	79.8"	79.9"	4419	51.2	7500	L 19,741
B350 Shuttle Maxi w/28H	AB3L13	127.6"	231.2"	79.8"	79.9"	4419	51.2	7500	L 21,491
B350 School Bus Maxi w/28J	AB3L13	127.6"	231.2"	79.8"	79.9"	4419	51.2	7500	L 18,482
B350 Ambulance Maxi w/28K	AB3L13	127.6"	231.2"	79.8"	79.9"	4419	51.2	7500	L 19,507
Ram Wagon									
8-PS B250 Value w/28C	AB2L52	127.6"	205.2"	79.8"	79.9"	4517	51.2	6400	L 20,808
8-PS B250 SLT w/28E	AB2L52	127.6"	205.2"	79.8"	79.9"	4517	51.2	6400	L 22,961
12-PS B350 Value w/28B	AB3L52	127.6"	205.2"	79.8"	79.9"	4604	51.2	8510	L 21,994
12-PS B350 SLT w/28E	AB3L52	127.6"	205.2"	79.8"	79.9"	4604	51.2	8510	L 25,169
15-PS B350 Value Maxi w/28B	AB3L53	127.6"	231.2"	79.8"	79.9"	4846	51.2	8510	L 23,639
15-PS B350 SLT Maxi w/28E	AB3L53	127.6"	231.2"	79.8"	79.9"	4846	51.2	8510	L 26,664

Options Ram Wagon & Van: Destination Charges-\$595; V8 cyl 5.2 liter OHV SMPI Gas Engine (150 & 250)-\$587 (250 Maxi Wagon & 350)-Std. V8 cyl 5.9 liter OVH SMPI Gas Engine (250)-\$857 (350)-\$270. Auto. Trans. 4-speed (150 & 250)-\$250 (350)-std. Option Pkg B150 Van Base (22A)-Std Commercial 109WB (22C)-\$52 (24C)-\$639 (26C)-\$889 Commercial Non-Maxi 127WB (22C)-435Credit (24C)-\$152 (26C)-\$402 B250 Van Base (22A)-Std Commercial 109WB (22C)-\$9 (24C)-\$596 (26C)-\$846 Conversion 109WB (22E)-\$559 (24E)-\$1146 (26E)-\$1396 (22F)-\$1452 (24F)-\$2039 (26F)-\$2289 Non-Maxi 127WB (22C)-241Credit (24C)-\$246 (26C)-\$496 (28C)-\$766 (24F)-\$1440 (26F)-\$1690 (28F)-\$2547 Maxi (24C)-355Credit (26C)-105Credit (28C)-\$753 B350 Van Base (26A)-Std Commercial 127WB Non-Maxi (26C)-\$119 (28C)-\$389 Maxi (26A)-std (26C)-616Credit (28C)-346 Credit Shuttle Non-Maxi (26H)-\$1097 (28H)-

DODGE RAM VANS



MODEL	WB	OAL	FH	AF	IFL +	IFL + +	TR f/r	CargoVol.*
B150	109.6	187.2	24.9	43.8	119.6	91.2	67.9/65.1	206.6
	127.6	205.2	25.3	43.8	137.6	109.2	67.9/65.1	246.7
	127.6	205.2	25.3	43.8	137.6	109.2	67.9/65.1	246.7
B250	109.6	187.2	24.9	43.8	119.6	91.2	67.9/65.1	206.6
	127.6	205.2	25.3	43.8	137.6	109.2	67.9/65.1	246.7
	Maxi	231.2	27.5	69.8	163.6	135.2	67.9/65.1	304.5
B350	127.6	205.2	27.5	43.8	137.6	109.2	67.6/64.0	246.7
	Maxi	231.2	28.1	69.8	163.6	135.2	67.5/64.0	304.5
	Maxi	231.2	28.1	69.8	163.6	135.2	67.5/64.0	304.5

* Cubic feet capacity with 2 front seats.

+ Inside Floor Length to console + + Inside Floor Length to seat backs

DODGE B1500 RAM VAN

Standard GVW Ratings: 5,000-5,300 Lbs.

ENGINES: Standard: 3.9L (239 cid) V-6, 175 NHP @ 4800 RPM, 225 NT @ 3200
Optional: 5.2L (318 cid) V-8, 220 NHP @ 4400 RPM, 295 NT @ 3200
Calif. Eng: Above listed engines are available for use in all 50 States.

MODELS AVAILABLE: 109" wb. Short Wheelbase Regular Van
127" wb. Long Wheelbase Regular Van

DODGE B2500 RAM VAN

OPTIONAL EQUIPMENT: Increased capacity electrical & cooling systems; Integral front air conditioning; Single rear door; Sliding RH side door; Rear door glass window; 3-speed windshield wipers; Cruise control; HD suspension pkg; Convenience pkg.; Exterior Appearance pkg.; Power convenience pkg.; Trailer Tow prep pkg.; Van Conversion pkg.; School Bus pkg.; Up-graded seats; Up-graded radio equip.; Bumper guards; Bright rear step-bumper; Engine block heater; Calif. emissions cert.; High Altitude emissions pkg.

DODGE B3500 RAM VAN

Standard GVW Ratings: 7,500-9,000 Lbs.

ENGINES: Standard: 5.2L (318 cid) V-8, 220 NHP @ 4400 RPM, 295 NT @ 3200
Optional: 5.9L (360 cid) V-8, 230 NHP @ 4000 RPM, 330 NT @ 3200
Calif. Eng: Above listed engines are available for use in all 50 States.

MODELS AVAILABLE: 127" wb. Regular Van or Maxivan; Opt., School Bus pkg.

CURB WEIGHTS AND DIMENSIONS: (Standard Equipment; water, oil & fuel)

MODEL	GVWR	WB	OAL	Front	Rear	Total	Payload	Turn dia.*
Reg. Van Std.	7500	127.6	205.2	2,465	1,740	4,205	3,295	45.8'
Maxivan Std.	7500	127.6	231.2	2,280	1,975	4,355	3,145	52.4'
Reg. Van	8510	127.6	205.2	2,490	1,755	4,245	4,265	45.8'
Maxivan	8510	127.6	231.2	2,380	1,990	4,370	4,140	52.4'
Maxi. Sc. Bus	8510	127.6	231.2	2,435	2,055	4,490	4,020	52.4'
Maxivan	9000	127.6	231.2	2,465	2,115	4,580	4,420	52.4'

* Turn dia. is measured to outside of tires at curb height w/std. tires & axle.

GENERAL SPECIFICATIONS

FRONT AXLE: Ind. Front Susp., rated capacity 3,600 lbs. Optional: 4,000 lb. cap.

REAR AXLE: Chrysler semi-floating, single reduction, 9-1/4" hypoid gear, rated capacity 5,500 lbs., ratios 3.90, 4.10. Optional: w/9000 GVWR, 6,200 lb. axle; Anti-spin axle (N/A w/3.90 ratio).

SERVICE BRAKES: Dual hydraulic system w/9.8" dia. vacuum booster. 12.82 x 1.25" vented rotor disc front; 249.4 sq.in. swept area; 12 x 3" Duo-Servo rear drum brakes; 147.4 sq.in. lining area per axle, self-adjusting. Optional: w/4,000 lb. front axle, 12.82 x 1.19" front disc brakes.

PARKING BRAKE: Cable actuated rear service brakes, foot operated.

COOLING SYSTEM: 14.6 qt. capacity; 548 sq.in. frontal area radiator, 20" dia. 5-blade fluid drive fan. Optional: w/AC, 15 gallon capacity system.

DRIVE LINE: Tubular shafts, cross and trunnion universal joints.

ELECTRICAL SYSTEM: 12 Volt; 75 amp alternator; 600 CCA MF battery. Optional: 90 or 120 amp alternator; 750 CCA MF battery.

FRAME: Integral unibody type.

FUEL TANK: 22 gallon capacity, aft of rear axle mounted. Optional: 35 gal. tank.

STEERING: Saginaw integral power recirc. ball, 15" dia. 4-spoke wheel.

SUSPENSION: Front - Coil springs, computed selected for GVWR & equip.; Rear - Semi-elliptic, single-stage 54 x 2.5" 4-leaf springs, capacity @ pad/ground 2,100/2,360 lbs. each. Optional: Rear - 1,800/2,100, 2,400/2,500 or 2,400/2,550 lbs. each leaf springs.

DODGE B3500 RAM VAN

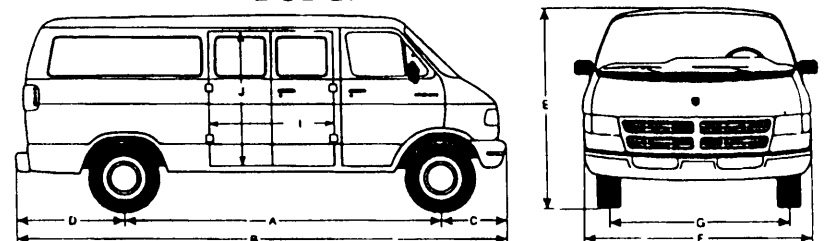
TRANSMISSION: w/3.9L eng., 3-speed automatic, ratios 2.74, 1.54, 1.00, reverse 2.20; w/5.2L or 5.9L eng., 4-speed auto. w/OD, ratios 2.45, 1.45, 1.00, 0.69, rev. 2.20.

WHEELS AND TIRES: 4 LT225/75R16D (16Ew/Maxivan) SBR tires on 16x6" rims.

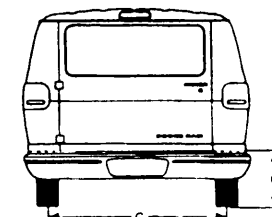
STANDARD EQUIPMENT: Dodge Ram Van or Maxivan with Standard Decor; Driver & passenger hi-back bucket seats; Paper element fuel line filter; Full-flow throwaway oil filter; Exhaust emission control system; Aluminized steel exhaust system; 1" front & rear shock absorbers; Front stabilizer bar; Front & rear painted bumpers; RH side & rear double hinged cargo doors; Heater/defroster; 2-speed windshield wipers/washers; Tinted glass; 6 x 9" dual bright rear view side mirrors; Argent painted grille; Corrosion protection; Bumper jack; Electric horn; AM/FM stereo radio; Dome light; Black rubber mat in front compartment; Driver side air bag.

OPTIONAL EQUIPMENT: Increased capacity electrical & cooling systems; Integral front air conditioning; Single rear door; Sliding RH side door; Rear door glass window; 3-speed windshield wipers; Cruise control; HD suspension pkg; Convenience pkg.; Exterior Appearance pkg.; Power convenience pkg.; Trailer Tow prep pkg.; Van Conversion pkg.; School Bus pkg.; Up-graded seats; Up-graded radio equip.; Bumper guards; Bright rear step-bumper; Engine block heater; Calif. emissions cert.; High Altitude emissions pkg.

DODGE RAM WAGONS

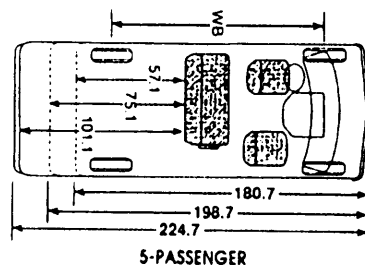


MODEL	150	250	250 Max	350	350 Max
A Wheelbase	109.6	127.6	127.6	127.6	127.6
B Overall Length	180.7	205.2	224.7	205.2	224.7
C Front Overhang	33.8	33.8	33.8	33.8	33.8
D Rear Overhang	43.8	43.8	69.8	43.8	69.8
E Overall Height	79.5	79.9	79.9	79.9	79.9
F Overall Width	79.0	79.0	79.0	79.0	79.0
G Track					
-Front	67.9	67.9	67.9	67.9	67.9
-Rear	65.1	65.1	65.1	64.0	64.0
M Floor To Ground	24.9	25.3	26.2	27.5	28.1
I Door Width Dual	49.3	49.3	49.3	49.3	49.3
J Door Width Sliding	39.8	39.8	39.8	39.8	39.8
J Door Height	47.2	47.2	47.2	47.2	47.2

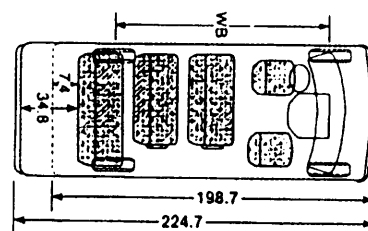


DODGE

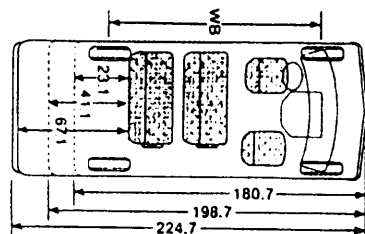
DODGE RAM WAGONS



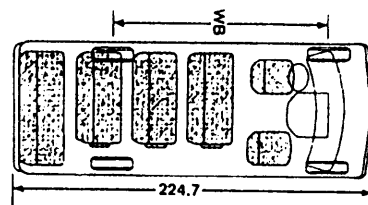
5-PASSENGER



12-PASSENGER



8-PASSENGER



15-PASSENGER

DODGE B1500 RAM WAGON

Standard GVW Ratings: 5,300-6,010 Lbs.

ENGINES: Standard: 3.9L (239 cid) V-6, 175 NHP @ 4800 RPM, 225 NT @ 3200
Optional: 5.2L (318 cid) V-8, 230 NHP @ 4800 RPM, 280 NT @ 3200
Calif. Eng: Above listed engines are available for use in all 50 States.

MODELS AVAILABLE: 109.6" wb. wheelbase Wagon

CURB WEIGHTS AND DIMENSIONS: (Standard Equipment; water, oil & fuel)

GVWR	WB	OAL	Front	Rear	Total	Payload	Turn dia.*
5300	109.6	180.7	2,280	1,830	4,110	1,190	40.5'
6010	109.6	180.7	2,290	1,870	4,160	1,850	40.5'

* Turn dia. is measured to outside of tires at curb height w/std. tires & axle.

GENERAL SPECIFICATIONS

FRONT AXLE: Chrysler Ind. Front Susp., rated capacity 3,300 lbs.

REAR AXLE: Chrysler semi-floating, single reduction, 8-1/4" hypoid gear, rated capacity 3,850 lbs., ratios 3.21, 3.55, 3.90 (3.21 N/A for CA or Hi.Alt.).
Optional: Anti-spin rear axle (N/A w/3.90 ratio).

SERVICE BRAKES: Dual hydraulic system w/9.8" dia. vacuum booster. 11.75 x 1.25" vented rotor disc front, 218.5 sq.in. swept area; 11 x 2.5" Duo-Servo rear drum brakes, 106.4 sq.in. lining area per axle, self-adjusting, 4-Wheel anti-Lock system.

PARKING BRAKE: Cable actuated rear service brakes, foot operated.

COOLING SYSTEM: 14.6 qt. capacity; 548 sq.in. frontal area radiator, 20" dia. 5-blade fluid drive fan. Optional: 15 qt. system.

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

- (71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

- (77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

- (98) Other event (specify):**

- (99) Unknown event or object

- (99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>1</u>	5. <u>1</u>	6. <u>1</u>	7. <u>L</u>	8. <u>Y</u>	9. <u>L</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. <u>2</u>	13. <u>31</u>	14. <u>00</u>	15. <u>R</u>	16. <u>D</u>	17. <u>A</u>	18. <u>0</u>	19. <u>01</u>
--------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ± D
<u>286</u>	<u>000</u>	<u>018</u>	<u>023</u>	<u>019</u>	<u>013</u>	<u>000</u>	<u>⊕ 020</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ± D
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

186

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

282

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

127.6 inches X 2.54 = 324 centimeters

324

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

168

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

1

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): Turtle Top

1

(Include photograph of CERTIFICATION
PLACARD in case report) #72

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

0

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

0

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

2

36. Location of Fuel Tank-2 Filler Cap

0

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1

1

38. Type of Fuel Tank-2

0

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

1

40. Location of Fuel Tank-2

0

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1

1

42. Damage to Fuel Tank-2

0

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

<p>43. Leakage Location of Fuel System-1 <u>1</u></p> <p>44. Leakage Location of Fuel System-2 <u>0</u></p> <p style="margin-left: 20px;">(0) No fuel tank</p> <p style="margin-left: 20px;">(1) No fuel leakage</p> <p style="margin-left: 20px;"><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank</p> <p style="margin-left: 20px;">(3) Filler neck</p> <p style="margin-left: 20px;">(4) Cap</p> <p style="margin-left: 20px;">(5) Lines/pump/filter</p> <p style="margin-left: 20px;">(6) Vent/emission recovery</p> <p style="margin-left: 20px;">(8) Other (specify): _____</p> <p style="margin-left: 20px;">(9) Unknown</p> <p>45. Fuel Type-1 <u>01</u></p> <p>46. Fuel Type-2 <u>00</u></p> <p style="margin-left: 20px;"><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank</p> <p style="margin-left: 20px;">(01) Gasoline</p> <p style="margin-left: 20px;">(02) Diesel</p> <p style="margin-left: 20px;">(03) CNG (Compressed Natural Gas)</p> <p style="margin-left: 20px;">(04) LPG (Liquid Petroleum Gas) also known as Propane</p> <p style="margin-left: 20px;">(05) LNG (Liquid Natural Gas)</p> <p style="margin-left: 20px;">(06) Methanol (M100 or M85)</p> <p style="margin-left: 20px;">(07) Ethanol (E100 or E85)</p> <p style="margin-left: 20px;">(08) Other (Hydrogen or others) (specify): _____</p> <p style="margin-left: 20px;"><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery</p> <p style="margin-left: 20px;">(11) Nickel-Iron Battery</p> <p style="margin-left: 20px;">(12) Nickel-Cadmium Battery</p> <p style="margin-left: 20px;">(13) Sodium Metal Chloride Battery</p> <p style="margin-left: 20px;">(14) Sodium Sulfur Battery</p> <p style="margin-left: 20px;">(18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p style="margin-left: 20px;"><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p style="margin-left: 20px;">(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p style="margin-left: 20px;">(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following):</p> <p style="margin-left: 40px;">Type of tank _____</p> <p style="margin-left: 40px;">Tank location _____</p> <p style="margin-left: 40px;">Filler cap location _____</p> <p style="margin-left: 40px;">Tank damage _____</p> <p style="margin-left: 40px;">Location of leakage _____</p> <p style="margin-left: 40px;">Type of fuel _____</p> <p style="margin-left: 20px;">(9) Unknown if more than two tanks</p>
<p>COMMENTS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10 = 0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9611

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 06

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 1 26. LR 1 27. RR 1

28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 2 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 2

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

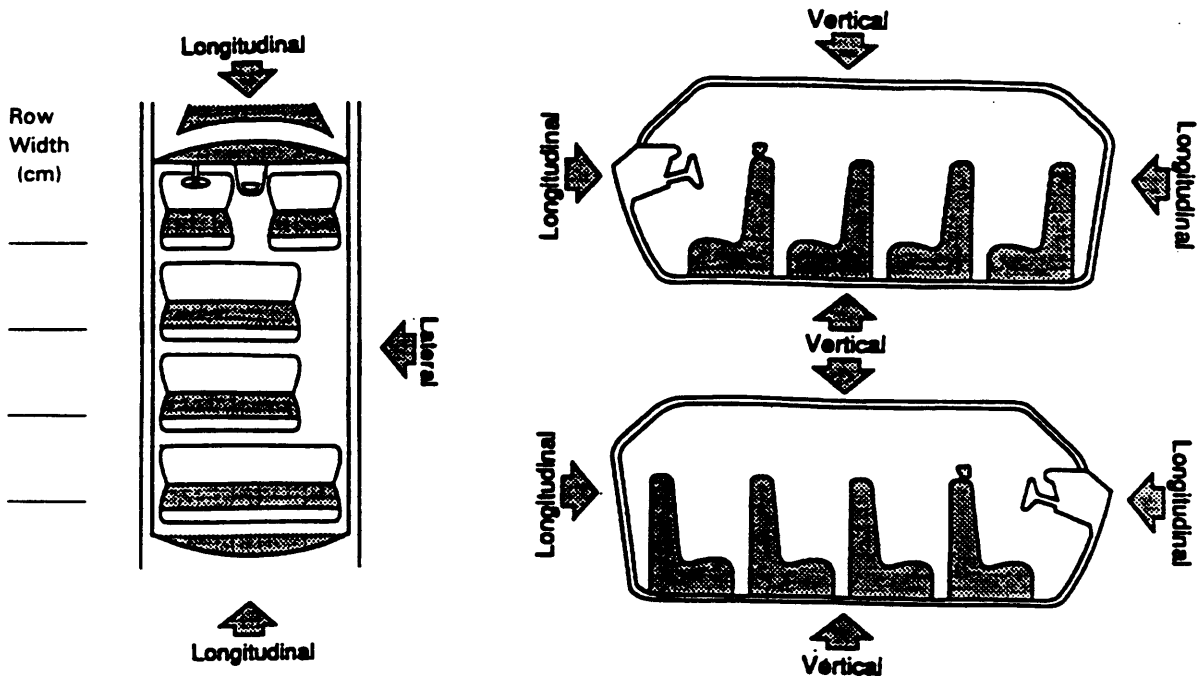
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are in Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-		=	
		No	-	Intrusions	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	-	No	=	DEFORMATION
--	---	----	---	-------------

	-		=	
--	---	--	---	--

	-		=	
--	---	--	---	--

	-		=	
--	---	--	---	--

STEERING COLUMN

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

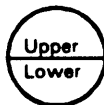
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

92. Odometer Reading

_____ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

28040 miles X 1.6093 = 45126 kilometers

Source: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

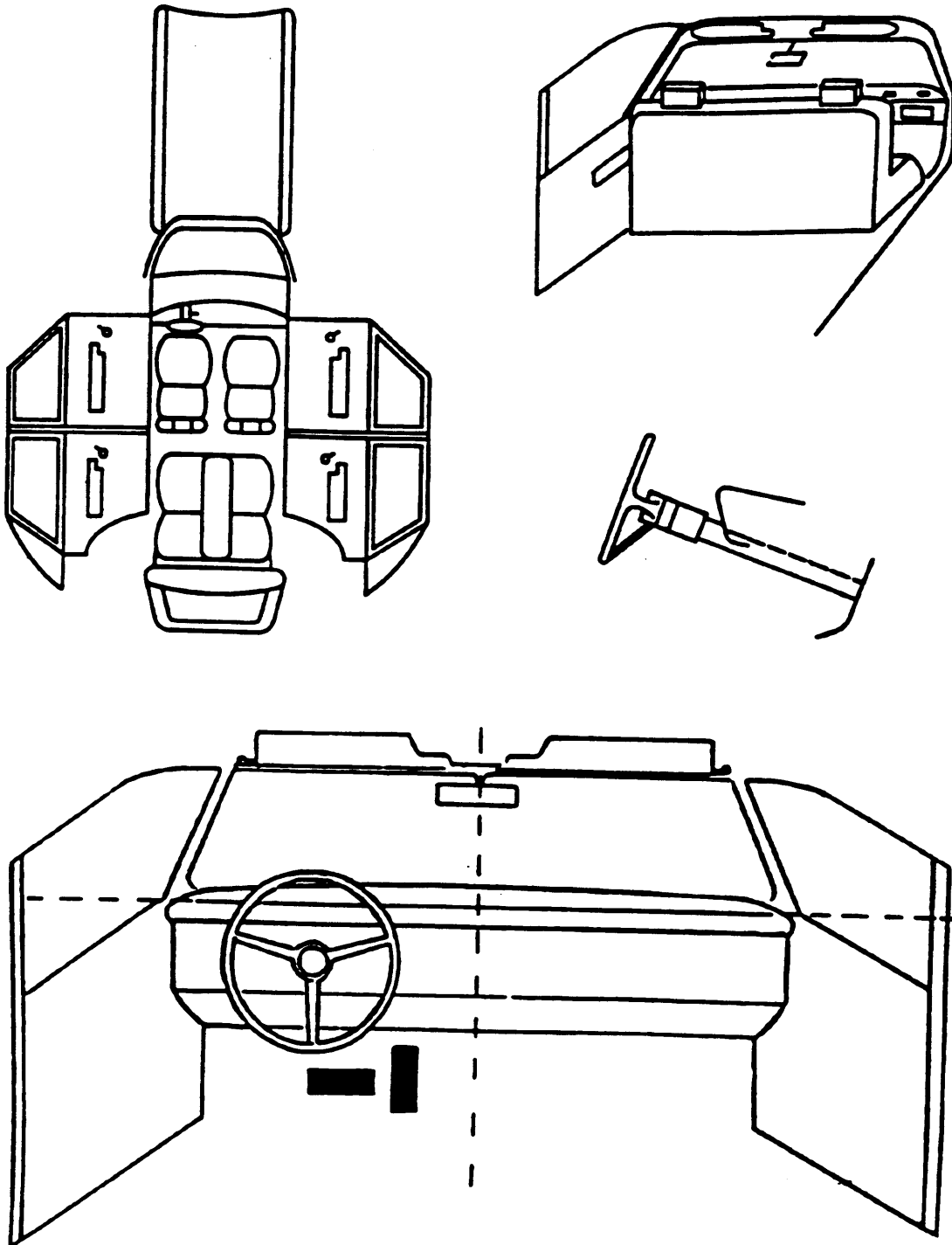
97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A				NONE found but	
B				Investigator didn't	
C				put alot of effort	
D				into interior inspection	
E				due to time constraints	
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):
 RIGHT SIDE
 (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):
 AIR BAG
 (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	0	0
	Evidence of usage	04		
	Used in this crash?	00		
	Proper Use	0		
	Failure Modes	0		
	Anchorage Adjustment	1		
SECOND	Availability	8		4
	Evidence of usage	08		04
	Used in this crash?	00		00
	Proper Use	0		00
	Failure Modes	0		0
	Anchorage Adjustment	1		1
OTHER	Availability	4		8
	Evidence of usage	04		08
	Used in this crash?	00		00
	Proper Use	00		0
	Failure Modes	0		0
	Anchorage Adjustment	1		1

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): wheel chair belt
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): wheel chair belt
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	1	0	
	Deployment	7	0	
	Failure	1	0	

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____

- (9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non-motorized system
(2) Motorized system
(9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	1	0
Flaps open at tear points?	7	0
Flaps damaged?	7	0
Air bag damaged?	97	00
Source of air bag damage	97	00
Air bag tethered?	7	0
Air bag have vent ports?	7	0
Other occupant contact air bag?	7	0
Occupant wearing eyewear?	7	0

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

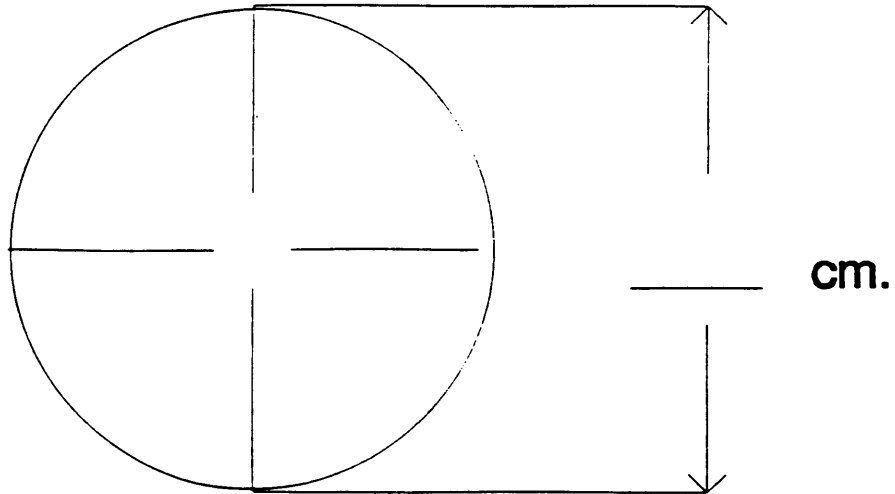
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

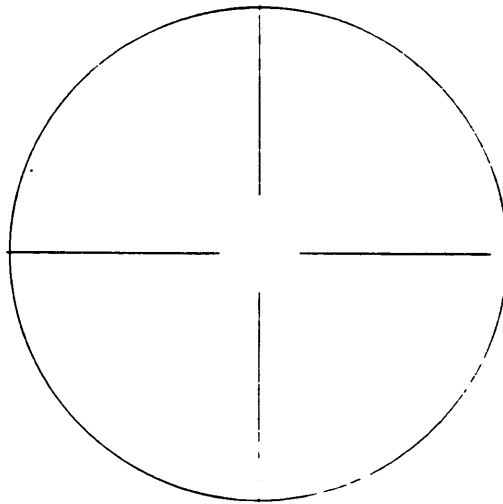
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



Not Deployed

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE, (DOUBLE)

a. Upper Flap

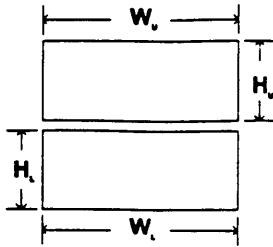
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

height (H_L) _____

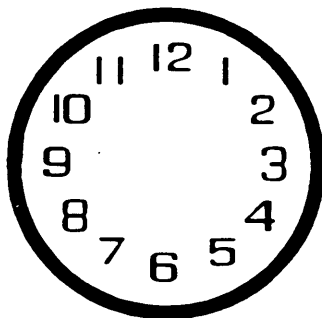


Not Deployed

4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

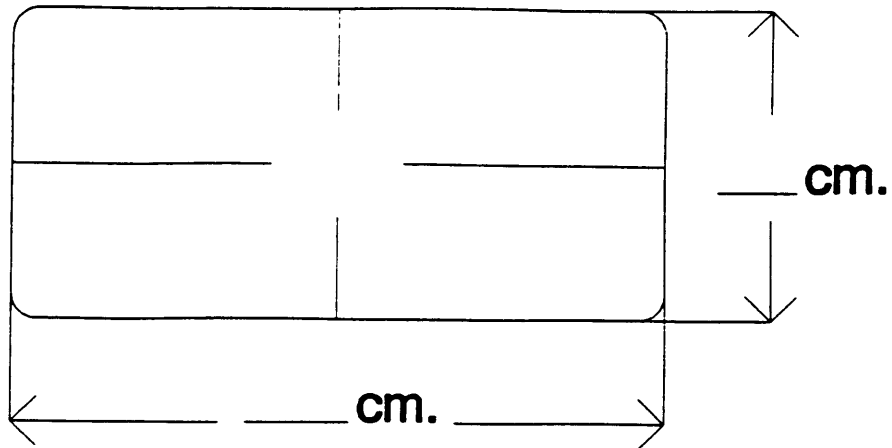
5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS

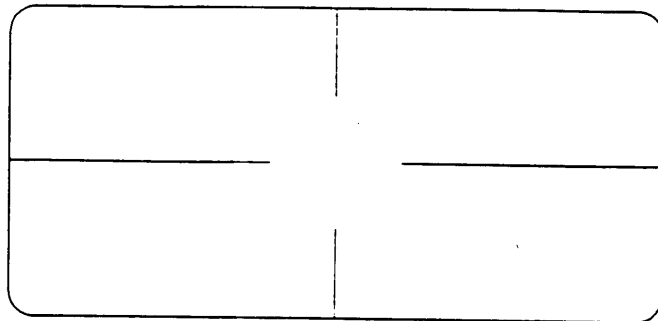


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)

Not Applicable

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



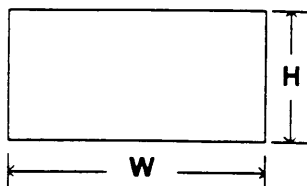
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

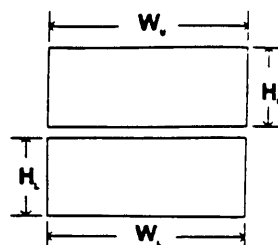
b. Lower Flap

width (W_u) _____

width (W_l) _____

height (H_u) _____

height (H_l) _____

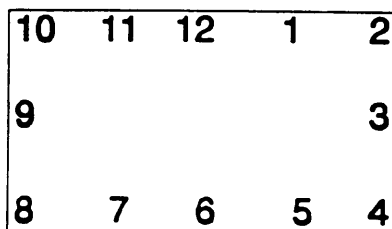


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

Not Applicable

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	1		
	Seat Type	01		
	Seat Performance	1		
	Seat Orientation	1		
	Seat Track Position	6		
	Seat Back Incline Pre/Post Impact	14		
SECOND	Head Restraint Type/Damage	1		1
	Seat Type	01		01
	Seat Performance	1		1
	Seat Orientation	3		3
	Seat Track Position	1		1
	Seat Back Incline Pre/Post Impact	14		14
THIRD	Head Restraint Type/Damage	1		
	Seat Type	01		
	Seat Performance	1		
	Seat Orientation	1		
	Seat Track Position	1		
	Seat Back Incline Pre/Post Impact	14		
OTHER	Head Restraint Type/Damage	1		
	Seat Type	01		
	Seat Performance	1		
	Seat Orientation	1		
	Seat Track Position	1		
	Seat Back Incline Pre/Post Impact	14		

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

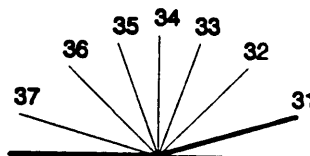
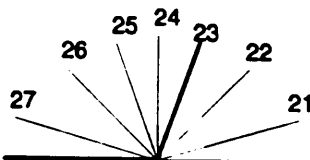
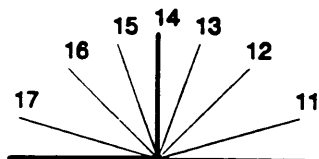
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat		None				
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat
- (0) No child safety seat
 - (1) Infant seat
 - (2) Toddler seat
 - (3) Convertible seat
 - (4) Booster seat
 - (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation
- (00) No child safety seat
 - Designed for Rear Facing for This Age/Weight
 - (01) Rear facing
 - (02) Forward facing
 - (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model
- (Specify make/model and occupant number)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

**NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER**



INTERVIEW FORM (A)

1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): DRIVER &

2. Case Number - Stratum 96 11

occup

3. Vehicle Number 01

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was West on [REDACTED] w/ GREEN
went into intersection impact occurred. I
never SAW VAN. My IMMEDIATE REACTION IS
I had green what is this VAN doing here
in intersection

At impact I saw white, and powder I
thought it was smoke I told my son
to get out and go to sidewalk.

ENDED up facing South on [REDACTED]

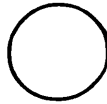
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

occupant -

READING NEWSPAPER, backpack on floor between legs
leaning forward slightly head turned to (R) READING
Article on (R) side of newspaper.

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

wk [REDACTED]
[REDACTED] @ childrens.
[REDACTED] [REDACTED] [REDACTED]

ACCIDENT DIAGRAM

NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

The case vehicle driver stated during her interview that while traveling westbound she thought that she had the green light but wasn't certain. Upon entering the intersection her immediate thought was "what is this van doing in the intersection when I have the green light". She said she never saw vehicle #2 prior to entering the intersection and had no time to make any avoidance maneuvers. According to the case vehicle's driver, her 12 year-old son was seated in the right front seat and was reading a newspaper which was in front of him. This investigator believes that what happened in the minutes prior to this crash is that the case vehicle driver's line of sight to her right was blocked by the newspaper being held up by her son. Consequently, the case vehicle's driver either did not see the light change or choose to ignore the light change--the latter is possible since there was a traffic signal pole located ahead and to the driver's left. In either case, she did not see vehicle #2 approaching from her right. The case vehicle's driver also mentioned in the interview that she had some work-related things on her mind and her attention may not have been at its fullest.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input checked="" type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input checked="" type="checkbox"/> None <i>saw nothing until impact</i> <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input checked="" type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN

☐ On roadway ☐ On shoulder ☐ On roadside or median
☐ Unknown

ROLLOVER CAUSE?

☐ Other vehicle (specify vehicle number) _____
☐ Contact to object (specify): _____
☐ Other cause (specify): _____
☐ Unknown

DIRECTION OF VEHICLE ROLL?

☐ Toward the right (passenger side)
☐ Toward the left (driver side)
☐ End-over-end
☐ Unknown

NUMBER OF TURNS

____ Number of QUARTER TURNS ☐ Unknown
____ Number of COMPLETE TURNSPLANE IN CONTACT WITH
GROUND AT FINAL REST?☐ Left side ☐ Top
☐ Right side ☐ Wheels
☐ Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTIONFIRE STARTED, OR SMOKE
WAS FIRST SEEN ...☐ Under the hood ☐ In the trunk/cargo area
☐ Behind the instrument panel ☐ Under the vehicle
☐ In the passenger compartment ☐ From other involved vehicle
☐ UnknownFIRE START WITH THE
ELECTRICAL SYSTEM?☐ No ☐ Unknown☐ Yes (specify):FIRE START WITH THE FUEL
SYSTEM?☐ No ☐ Unknown☐ Yes -- specify Which part of the fuel system may have been involved?
☐ Fuel tank
☐ Fuel lines
☐ Engine compartment (specify component if known)
☐ Unknown

Describe any additional rollover or fire information here:



ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>92</u> Make: <u>FORD</u> Model: <u>TAURUS - WAGON</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input checked="" type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input checked="" type="checkbox"/> No Check all that apply <input type="checkbox"/> Yes <div style="text-align: center;"> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other </div> <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<div style="text-align: center;"> <input type="checkbox"/> WS <input checked="" type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> "O" = open "P" = partially open </div> <div> "C" = Closed "U" = Unknown </div> </div>
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No [] Unknown <input checked="" type="checkbox"/> Yes - describe: <u>suit on Hanger</u> <u>SONS BACKPACK</u> Approximate weight - <u>10</u> pounds 4.5 kg → 5
VEHICLE MILEAGE	<u>OVER 60,000</u> miles <u>bought used.</u> <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION	
Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>ADVERTISING WRITER</u>
How long have you driven this vehicle?	Years: <u>1</u> Months: <u>6</u> <u>BOUGHT USED</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>UNK</u> <u>A lot</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # 2	OCCUPANT # _
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	FR	
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'7" WEIGHT: 135 AGE: 45 DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: 5'7" WEIGHT: 106 AGE: 12 	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Leaning forward slightly Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A F	Indicate all letters that apply and further describe as needed Both on Floor Both hands on newspaper	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
BACK UP AGAINST THE SEAT BACK?	<input checked="" type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <i>Leaning forward slightly</i>	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input checked="" type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input checked="" type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Full up	<input type="checkbox"/> Between full up and center
<input checked="" type="checkbox"/> Center	<input type="checkbox"/> Between center and full down	
<input type="checkbox"/> Full down	<input type="checkbox"/> Unknown	

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Full back	<input type="checkbox"/> Between full back and midpoint
<input type="checkbox"/> Midpoint	<input type="checkbox"/> Between midpoint and full forward	
<input type="checkbox"/> Full forward	<input type="checkbox"/> Unknown	

Did this vehicle have a cellular phone in it during the crash?

☒ No
☐ Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☒ Other (specify): *Thinking about work, etc.*
- ☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input checked="" type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - continue to right <input checked="" type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>prescription glasses</i>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <i>newspaper in hands reading</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

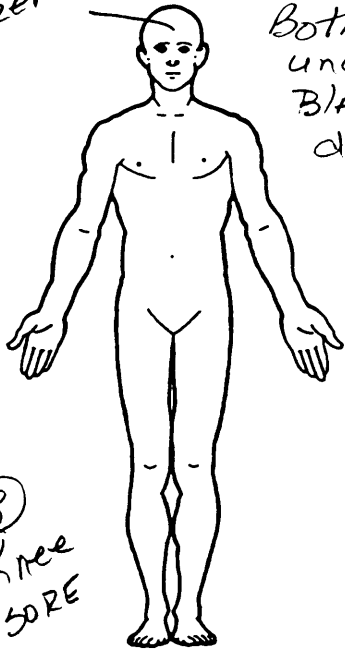
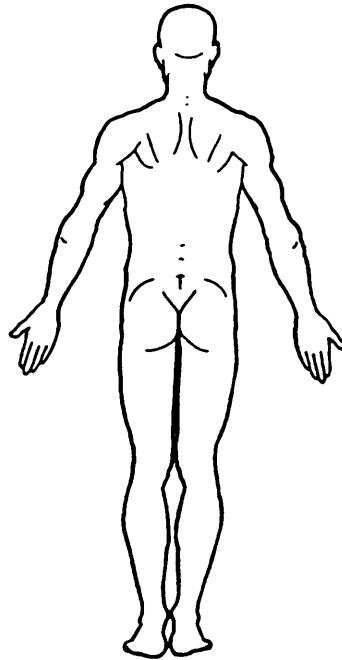
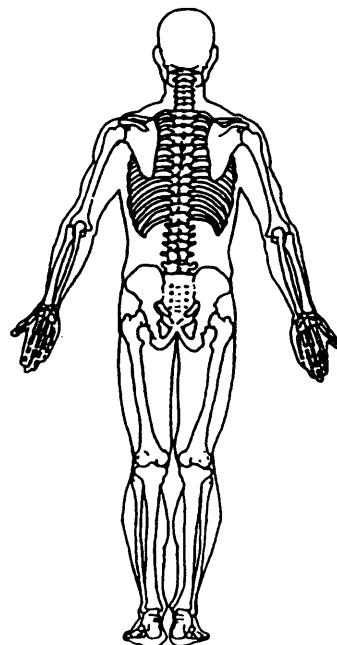
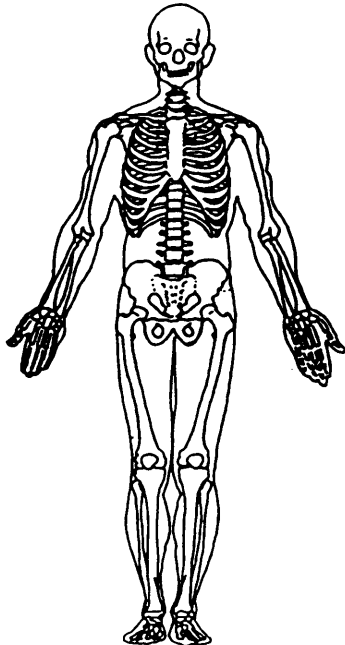
Describe any additional information here:

INJURY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u> </u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>went w/ son</i> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <i>NOT TREATED</i> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?		 Hosp	
RECEIVE ANY FOLLOW-UP TREATMENT?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>2</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>1 1/2</u> DAYS <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? * If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 96Vehicle Number 01Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): _____

ABRASION
FOREHEAD**SOFT TISSUE/INTERNAL INJURIES**Both cheeks
under eyes
Black / Blue
due to
GLASSES
being shoved
into cheeks
by airbag**SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

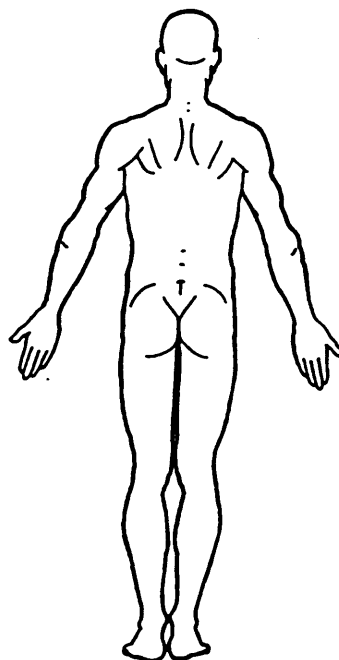
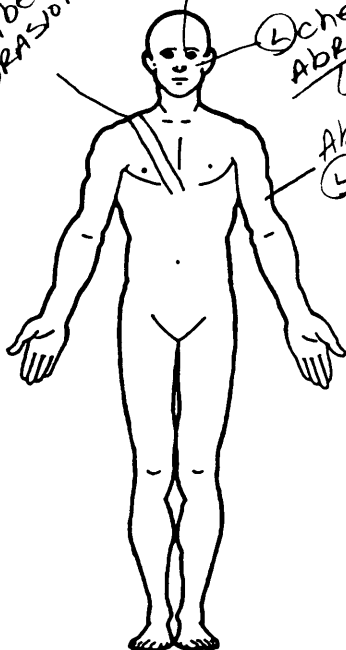
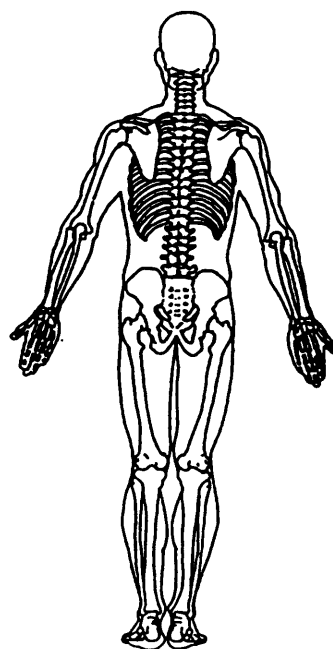
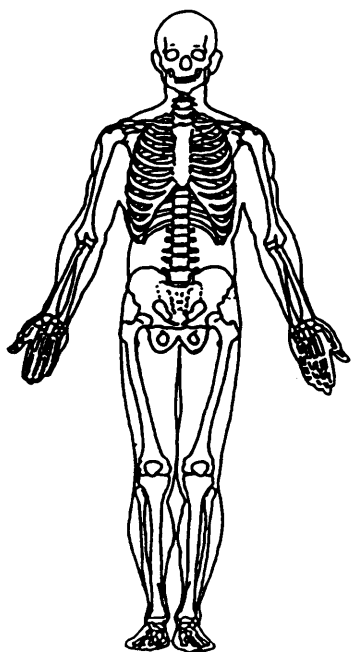
(R) shoulder
(R) chest
(R) seatbelt
abrasion

(L) corner
abrasion

SOFT TISSUE/INTERNAL INJURIES

(L) cheek
abrasion
AIR BAG

abrasion
(L) upper
arm
AIR bag

**SKELETAL INJURIES**

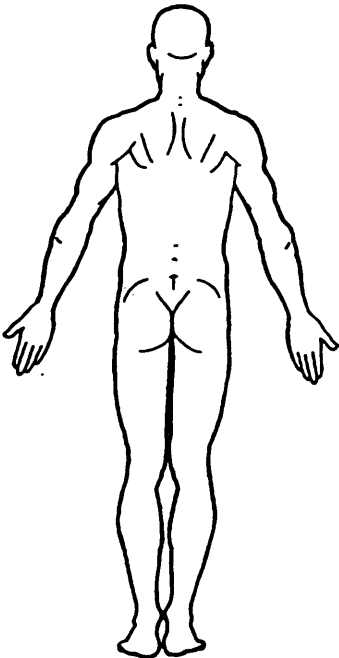
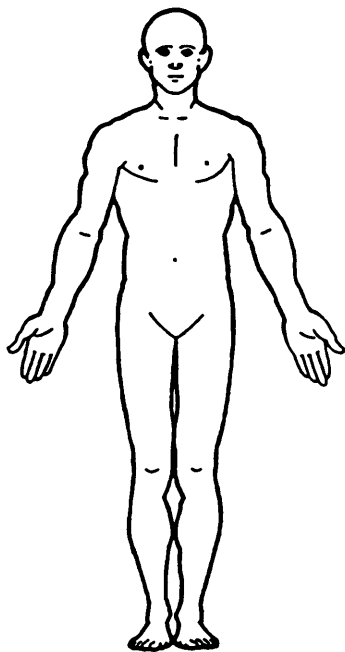
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____

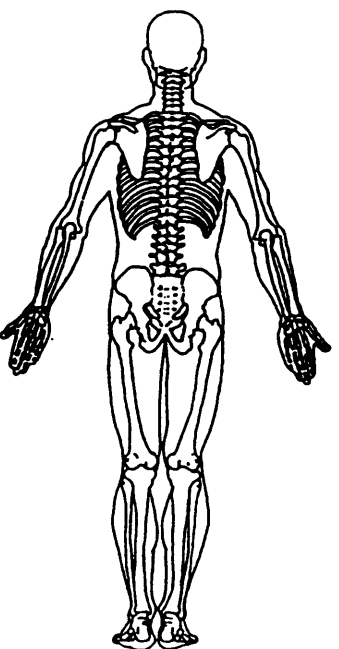
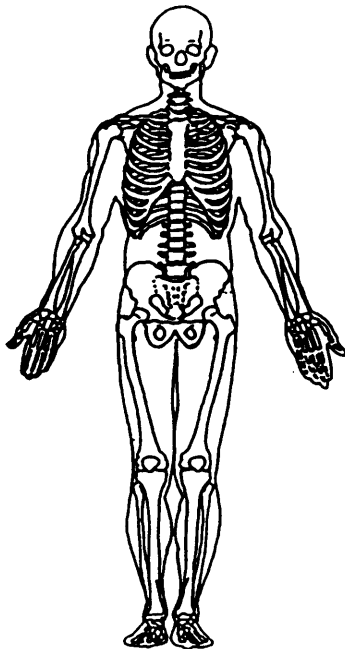
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS INTERVIEW FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation

National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 10Interviewee(s) Role or Name(s): DRIVER2. Case Number - Stratum 96113. Vehicle Number 02

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

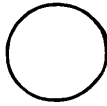
DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I had just pulled out from a parking space about 2 homes from intersection. I was S/B going no more than 10 mph. The other car was W/B RAN light hit me broadside and flipped me over. While flipping to the side I hit a traffic light and a mailbox

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS**SPECIFIC QUESTIONS TO ASK INTERVIEWEE**

How many rolls? 1, on to (R) side

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input checked="" type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: _____ <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input checked="" type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	flipped over hitting mailbox and traffic signal pole

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☒ YES -- ASK THE FOLLOWING QUESTIONS ☐ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input checked="" type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input checked="" type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input checked="" type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	<u> 1 </u> Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input checked="" type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS ☒ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION



YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Make: <u>Dodge</u> Model: <u>VAN</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input type="checkbox"/> LR <input checked="" type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input checked="" type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe: Approximate weight - _____ pounds
VEHICLE MILEAGE	_____ miles <input checked="" type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____ _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: 	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>DRIVER</u>
How long have you driven this vehicle?	Years: _____ Months: <u>2 MO</u>
How many miles do you think that you have driven in the last 12-month period?	Miles: <u>UNK maybe 1000</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input checked="" type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <u>Dropped off</u> <input type="checkbox"/> School <input type="checkbox"/> Shopping <u>PASSENGER</u> <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <u>going to</u> <input type="checkbox"/> School <input type="checkbox"/> Shopping <u>P/u PASS.</u> <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT		
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: White <u>Black</u> American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant 185.4 HEIGHT: <u>6'1"</u> 99.8 WEIGHT: <u>220</u> AGE: <u>28</u> DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> IY <input checked="" type="checkbox"/> IN <input type="checkbox"/> IU	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____ 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <div style="text-align: center;">(A)</div> <div style="text-align: center;">(F)</div>	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # _____	OCCUPANT # _____																																																
BACK UP AGAINST THE SEAT BACK?	<input checked="" type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input checked="" type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/>	<input type="checkbox"/> Completely upright	<input type="checkbox"/>	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/>	<input type="checkbox"/> Completely reclined		<input type="checkbox"/> Slightly forward of upright		<input type="checkbox"/> Completely forward	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/>	<input type="checkbox"/> Completely upright	<input type="checkbox"/>	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/>	<input type="checkbox"/> Completely reclined		<input type="checkbox"/> Slightly forward of upright		<input type="checkbox"/> Completely forward	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/>	<input type="checkbox"/> Completely upright	<input type="checkbox"/>	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/>	<input type="checkbox"/> Completely reclined		<input type="checkbox"/> Slightly forward of upright		<input type="checkbox"/> Completely forward	<input type="checkbox"/>	<input type="checkbox"/> Unknown
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<input type="checkbox"/>	<input type="checkbox"/> Slightly reclined																																																		
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<input type="checkbox"/>	<input type="checkbox"/> Completely reclined																																																		
	<input type="checkbox"/> Slightly forward of upright																																																		
	<input type="checkbox"/> Completely forward																																																		
<input type="checkbox"/>	<input type="checkbox"/> Unknown																																																		

TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT

<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Full up	<input type="checkbox"/> Between full up and center
<input type="checkbox"/> Center	<input type="checkbox"/> Between center and full down	
<input type="checkbox"/> Full down	<input checked="" type="checkbox"/> Unknown	

TELESCOPING STEERING COLUMN PRIOR TO IMPACT

<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Full back	<input type="checkbox"/> Between full back and midpoint
<input type="checkbox"/> Midpoint	<input type="checkbox"/> Between midpoint and full forward	
<input type="checkbox"/> Full forward	<input type="checkbox"/> Unknown	

Did this vehicle have a cellular phone in it during the crash?

- ☒ No
☐ Yes - describe type: _____
 (e.g., portable, mounted in vehicle, flip phone, etc.)
☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? <i>(i.e., 2-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? <i>(i.e., 3-point automatic belt)</i>	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Describe any breaks, tears, or failures to any of the seat belts: <i>when van tipped I fell out of seatbelt. I landed on pass door on my back in fetal position face hit ceiling</i>			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input checked="" type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>Sunglasses.</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify: <i>N/A</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?


☐ YES (IF "YES" COMPLETE THIS SECTION)

☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

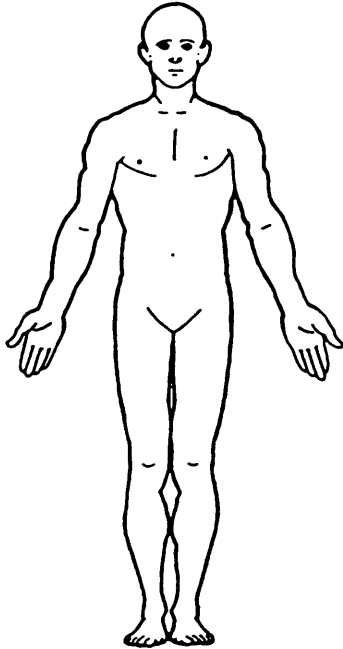
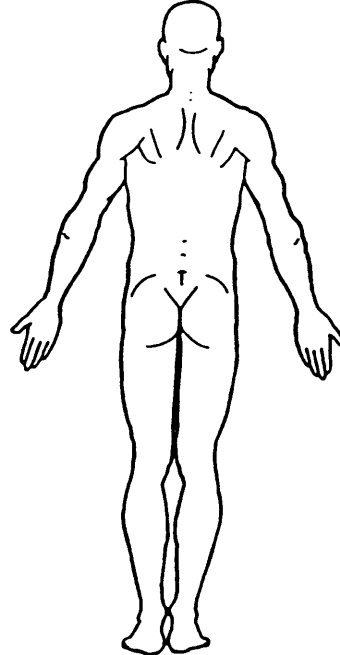
Describe any additional information here:

INJURY INFORMATION

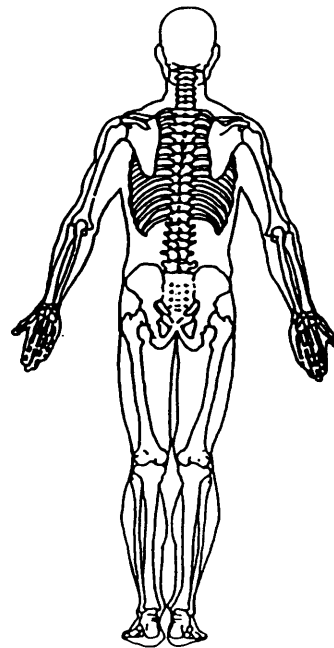
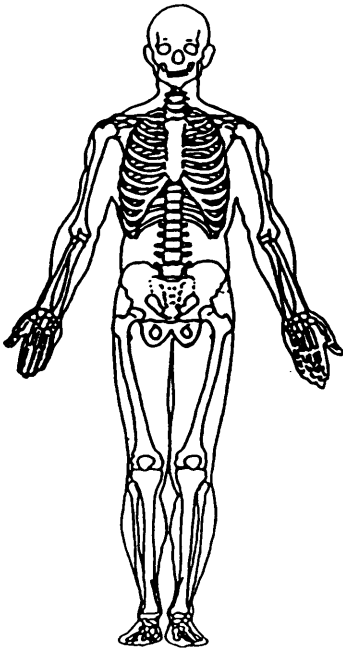
	DRIVER	OCCUPANT # ____	OCCUPANT # ____
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input checked="" type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	 Hosp		
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH? <i>may be fired</i>	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days _____ <input checked="" type="checkbox"/> Unknown How many	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9611 Vehicle Number 02 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Driver

SOFT TISSUE/INTERNAL INJURIES

NECK
STRAIN

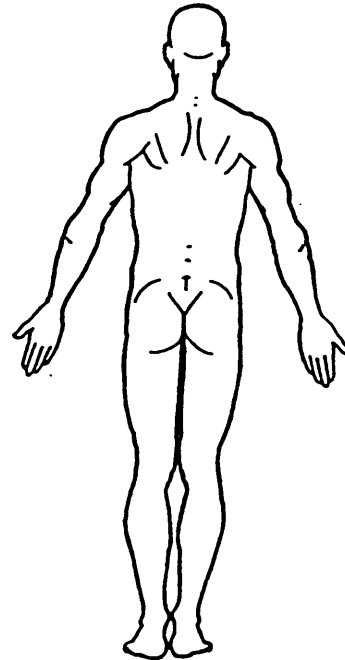
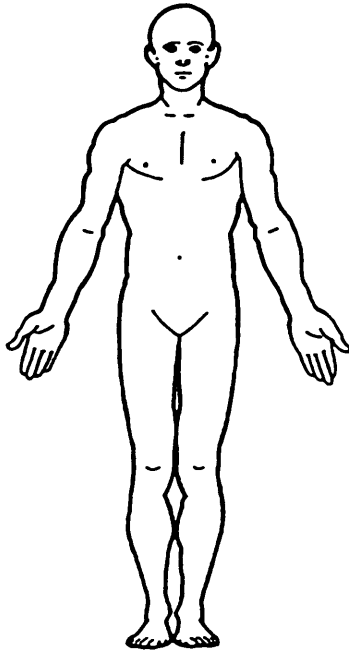
SKELETAL INJURIES



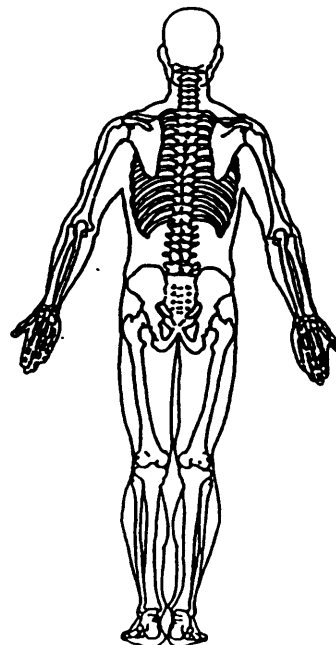
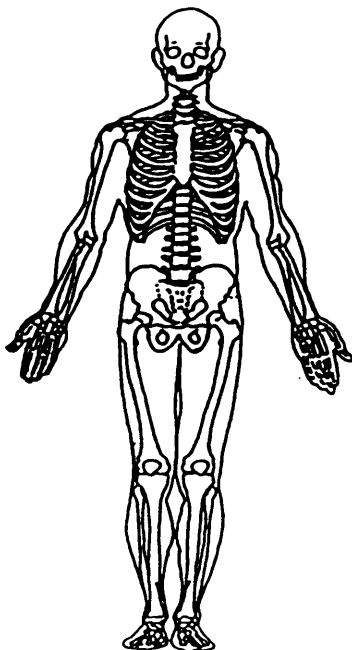
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 96 Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES

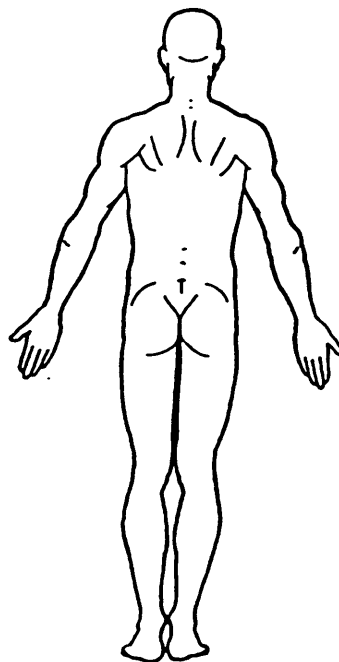
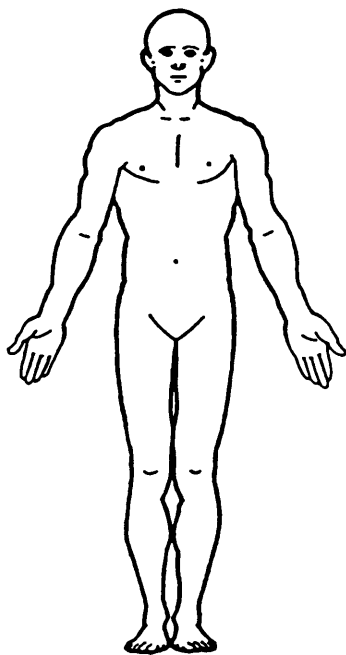
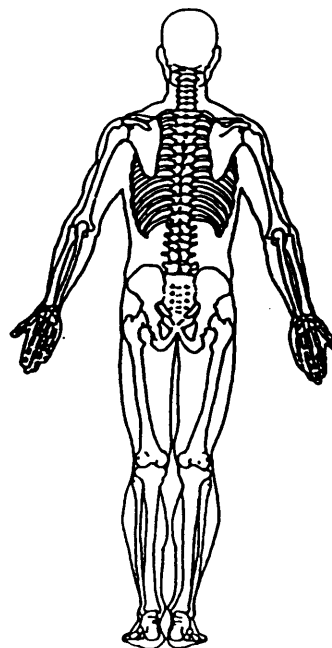
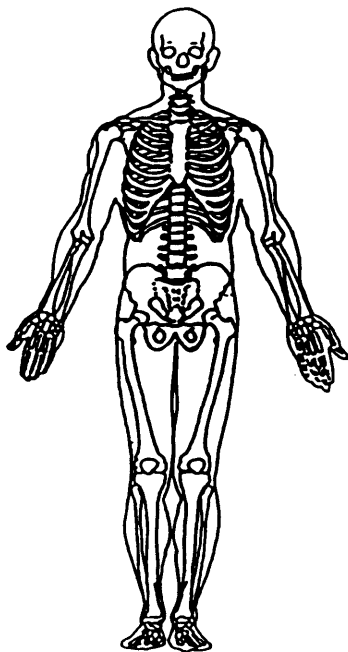


The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 96

Vehicle Number _____

Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9611

3. Vehicle Number

01

4. Occupant Number

01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

45

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

170

Code actual height to the nearest
centimeter.

(999) Unknown

67 inches X 2.54 = 170 centimeters

8. Occupant's Weight

061

Code actual weight to the nearest
kilogram.

(999) Unknown

135 pounds X .4536 = 61 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

(0) Not equipped with an "other" air bag

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, details unknown

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

(0) Not equipped/not available

(1) No previous accidents

Yes

Bought used!

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 1

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 1

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify): _____

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 017

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 01

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**

44. Source of Air Bag Damage 01
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
2
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
2
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 2
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 04
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

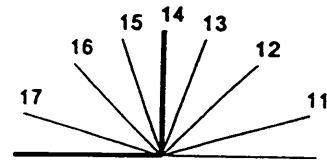
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track**
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 1 4

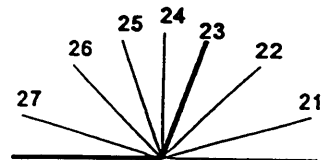
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

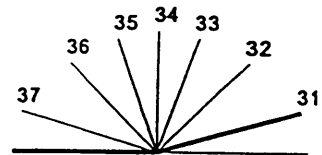
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position
 (99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 02

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 03

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score (at Medical Facility) 01

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given

(specify units):

- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):

- (9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9611

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

		A.I.S. - 90							Injury Source		Direct/Indirect Injury		Occupant Area
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level	Direct/Indirect Injury	Intrusion Number			
Abrasion 1st forehead		5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>7</u>	12. <u>003</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	
Contusion 2nd cheek		16. <u>7</u>	17. <u>2</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>171</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>	
Contusion 3rd cheek		27. <u>7</u>	28. <u>2</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>2</u>	34. <u>171</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>	
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>		
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>		
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>		
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>		
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>		
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>		
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>		

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
11th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — — —	—	—	— — —

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9611
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 12
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 170
Code actual height to the nearest centimeter.
(999) Unknown

67 inches X 2.54 = 170 centimeters
8. Occupant's Weight 048
Code actual weight to the nearest kilogram.
(999) Unknown

106 pounds X .4536 = 48 kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 8
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify):
Leaning forward, turn slightly toward the right
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

(0) Not equipped with an "other" air bag

- (1) Deployed during accident (as a result of impact)

- (2) Deployed inadvertently just prior to accident

- (3) Deployed, details unknown

- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (5) Unknown if deployed

- (7) Nondeployed

- (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 0017

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):
(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 01

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

- (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 2

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 1

- (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown

50. Seat Type (this Occupant Position) 04

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 2

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

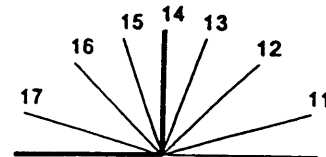
- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

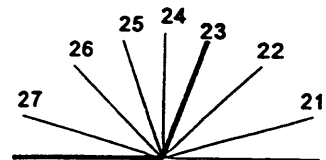
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

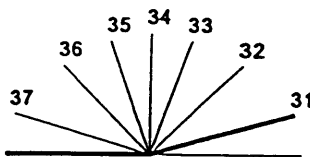
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 05

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9611

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

		A.I.S. - 90											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number			
Abrasion ① 1st Cornea	5. <u>3</u>	6. <u>2</u>	7. <u>4</u>	8. <u>06</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>180</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>		
Abrasion below ② 2nd eye	16. <u>3</u>	17. <u>2</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>180</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>		
Abrasion ③ 3rd chest	27. <u>7</u>	28. <u>4</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>152</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>		
Abrasion over ④ 4th clavicle	38. <u>3</u>	39. <u>7</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>152</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>		
Abrasion ⑤ 5th upper arm	49. <u>7</u>	50. <u>7</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>180</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>		
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>		
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>		
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>		
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>		
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>		

OCCUPANT INJURY DATA

A.I.S. - 90											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
11th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
12th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
13th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
14th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
15th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
16th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
17th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
18th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
19th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
20th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
21st	—	—	—	— — —	—	—	— — — —	—	—	— — —	
22nd	—	—	—	— — —	—	—	— — — —	—	—	— — —	
23rd	—	—	—	— — —	—	—	— — — —	—	—	— — —	
24th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
25th	—	—	—	— — —	—	—	— — — —	—	—	— — —	

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
	The exceptions to this rule apply to:		
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	Head - LOC		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	Spine		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Front seat passenger (ER, NA)

Pt hit in ② eye with air bag
(ER, NA)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

___ No

☒ Yes

(ER, NA)

Blood Alcohol Level
(mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = 15
(ER, NA)

Units of Blood
Given

Units = ___

Arterial Blood Gases

pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

Abrasion over
① clavicle
from seatbelt
(NN, NA)

No diplopia, minimal
burring (ER)

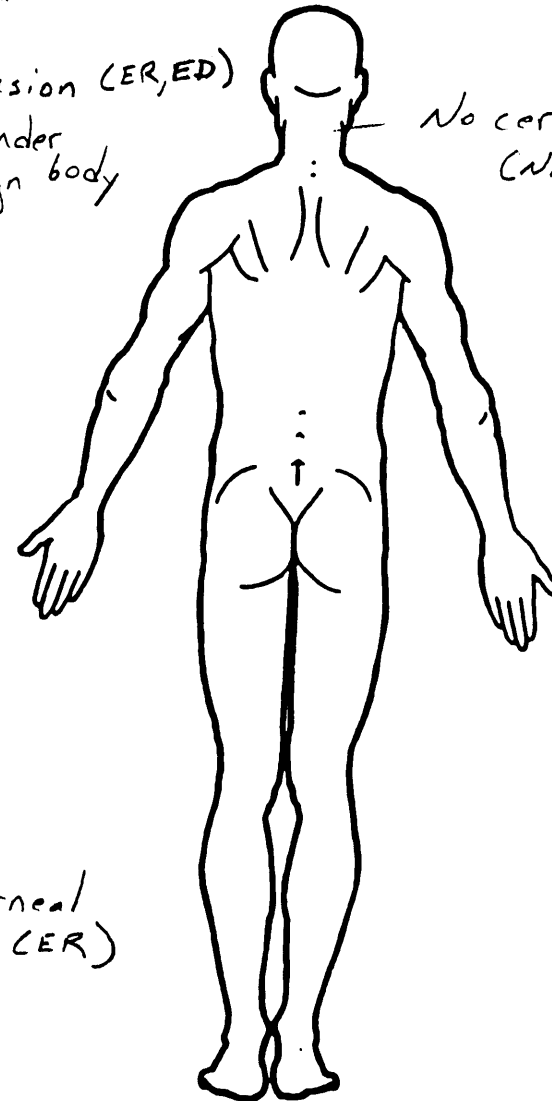
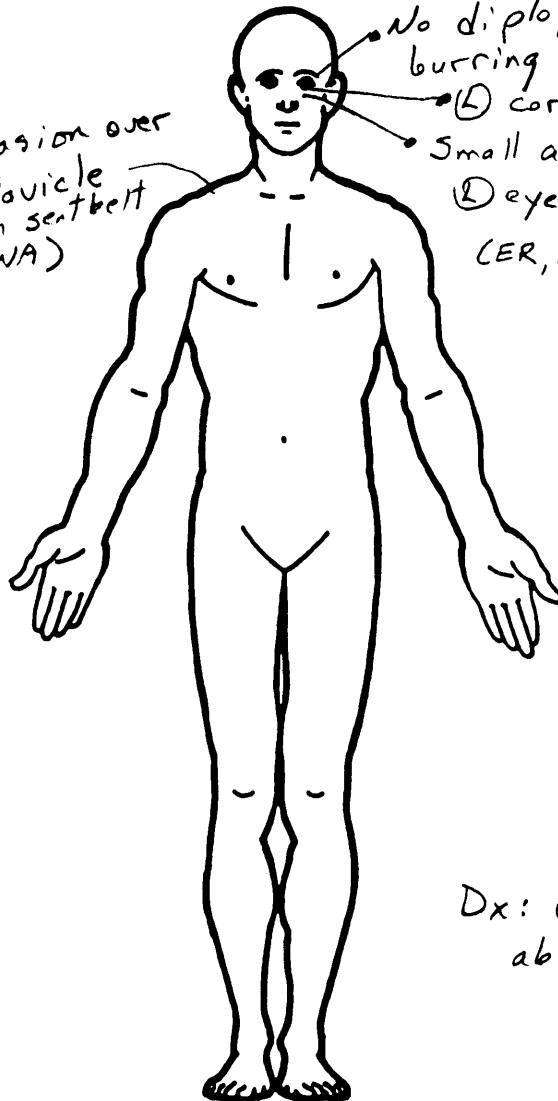
② corneal abrasion (ER, ED)

Small abrasion under
② eye, no foreign body
(ER, ED)

• No seatbelt marks
(ER)

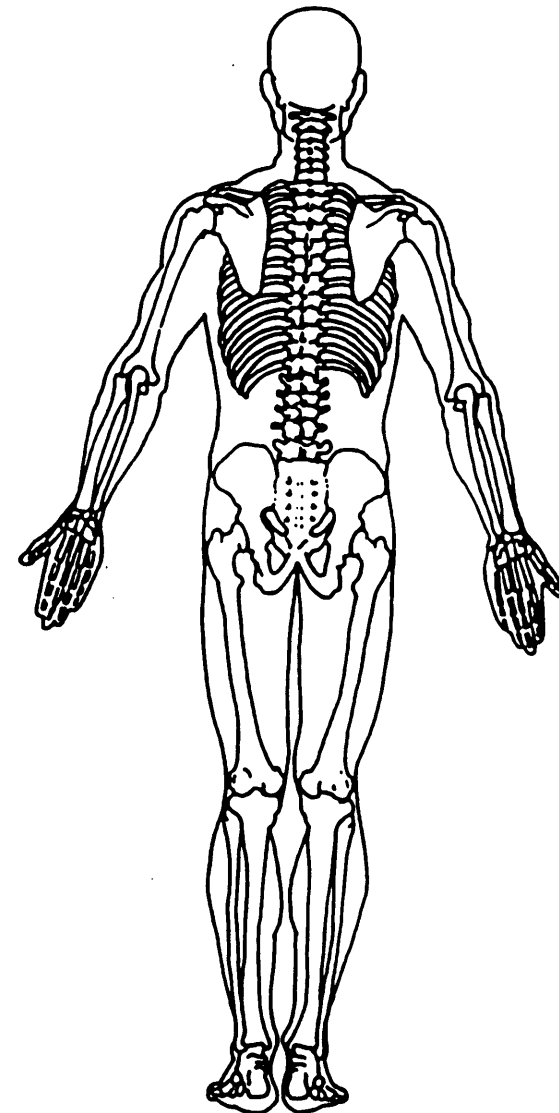
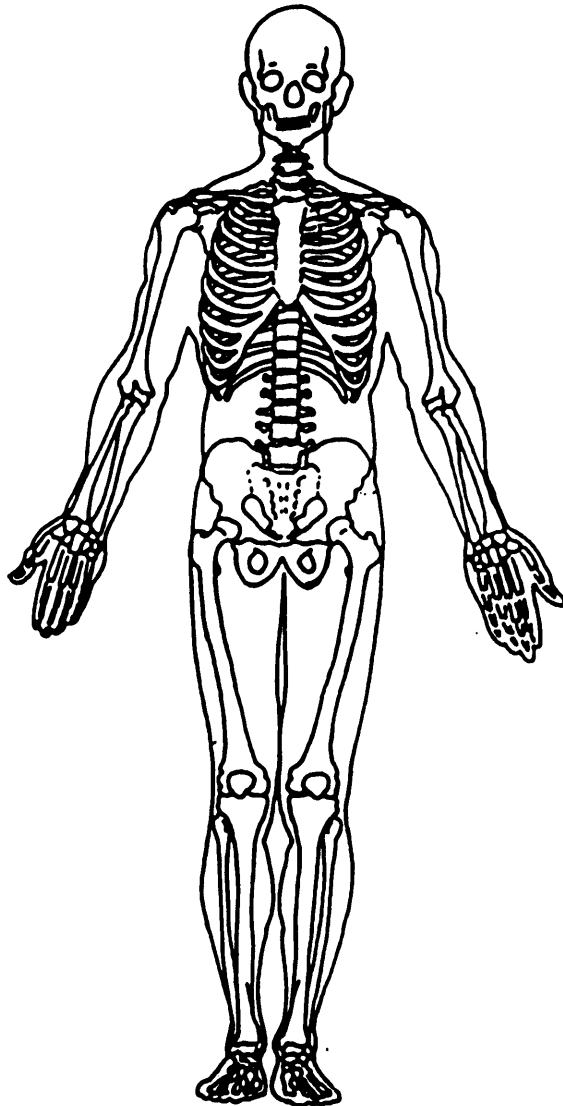
No cervical pain
(NA)

Dx: ② eye corneal
abrasion (ER)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

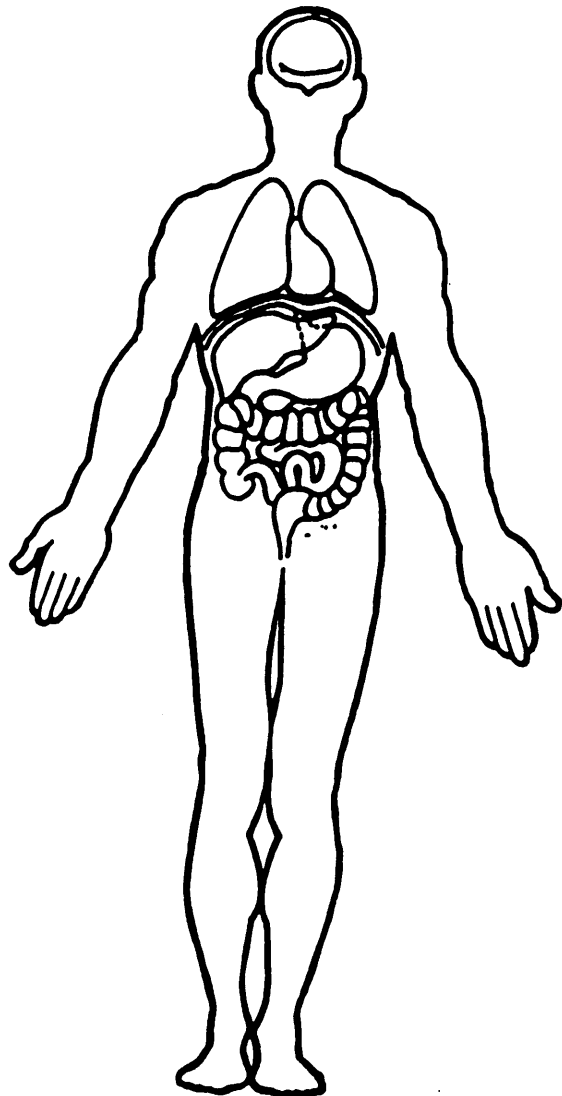
NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

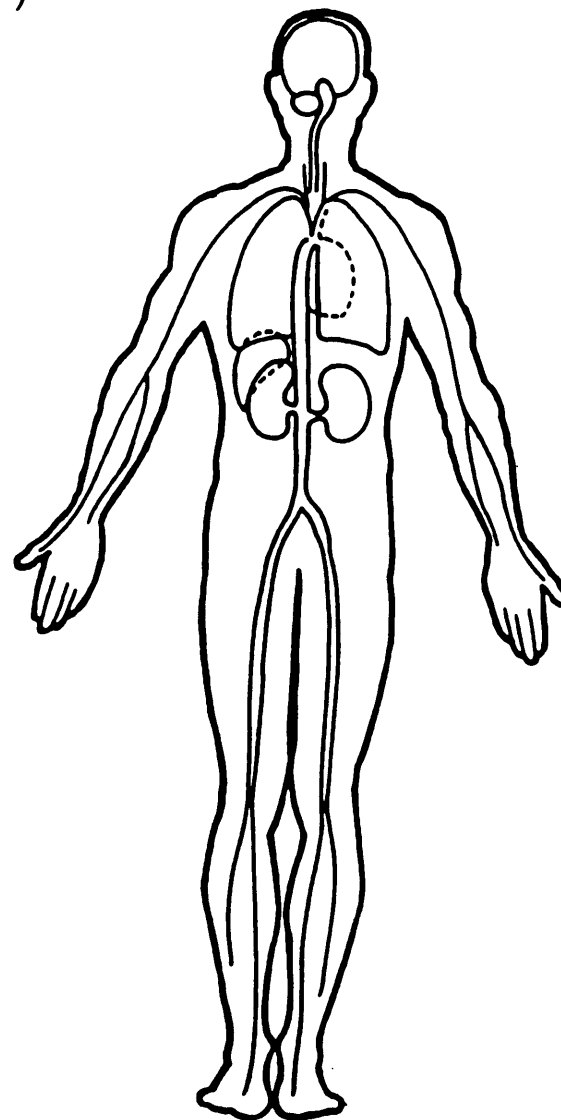
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Alert, oriented x 3
(ER)



Denies LOC
(ER)

CN Intact
(ER)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on a other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

NA = Nursing Triage / Assessment

[REDACTED]		REGISTRATION DATE AND TIME	7/96 0840	ATTENDING PHYSICIAN	PECA	ARRIVAL DATE AND TIME	[REDACTED]
[REDACTED] ST [REDACTED] A.P.A. 19147		[REDACTED] 7/96 12		M/WH	AER	[REDACTED]	
[REDACTED] H ST [REDACTED] A.P.A. 19147		[REDACTED] 7/96		[REDACTED]		AER	
[REDACTED] STREET [REDACTED] A.P.A. 19102		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED] 7/96	INJURY LOCATION		[REDACTED]		AER		
MOTHER	OTHER MVA		00218045 [REDACTED] 7/96		[REDACTED]		
PATIENT MADE SELF REFERRAL.		TAPPER MD. [REDACTED]		[REDACTED]			
PERSONAL CHOICE	Plan: 362	AUTO ASSIGNED SELF PA		Plan: Z99			

FRONT SEAT RESTRAINED

GOOD	FAIR	CRITICAL	TIME	PRECEPTOR	Physical Exam	Normal	DESCRIPTION
			9:00 AM	[REDACTED]	General	<input checked="" type="checkbox"/>	Well appearing, alert, oriented
					Head	<input checked="" type="checkbox"/>	NC/AT. Battle signs, & lac
					Ears	<input checked="" type="checkbox"/>	Normal ext. & internal
					Eyes	<input checked="" type="checkbox"/>	O.S. conjunctival, & f.b. periorbital, small abrasion under os.
					Nose	<input checked="" type="checkbox"/>	2/24
					Mouth	<input checked="" type="checkbox"/>	2 blood or lac
					Throat	<input checked="" type="checkbox"/>	2/24
					Neck	<input checked="" type="checkbox"/>	S/S, & deformity, & pain, & contusion
					Torso	<input checked="" type="checkbox"/>	& contusion, & deformity, & pain, & contusion
					Lungs	<input checked="" type="checkbox"/>	BS equal, clear
					Heart	<input checked="" type="checkbox"/>	R/R, & C
					Abd.	<input checked="" type="checkbox"/>	S/NT/N/BS, & HSM
					Rectum		
					Genitalia		
					Extremities	<input checked="" type="checkbox"/>	2/24, & lac, & pain, FROM
					Skin	<input checked="" type="checkbox"/>	
					Neuro.	<input checked="" type="checkbox"/>	2/24, & C, & 2/24, & C, & 2/24, & C
					Psych.	<input checked="" type="checkbox"/>	MS 5/5, sensory grossly intact

CONSULTANT	SERVICE	TIME CALLED	TIME ARRIVED	GOOD	HOME	TIME OUT
				FAIR	ADMIT	10:10 AM
				CRITICAL	TRANSFER	

DISCHARGE IMPRESSION: (L) eye corneal abrasion

INSTRUCTIONS: (correct) ASTHMA FEVER WOUND CARE CLEAR LIQUID DIET TOLU DURE THROAT SPINE DRAIN/CAST CARE BURNS HEAD TRAUMA

* deep eye patched x 24 hours. if pain not improved or if vision problems tomorrow morning, call ophthalmology. pain 200 mg PO Q6h after speaking

EXAMINED

PARENT/LEGAL GUARDIAN ATTENDING PHYSICIAN

THE CHILDREN'S HOSPITAL OF PHILADELPHIA, PENNSYLVANIA

EMERGENCY DEPARTMENT RECORD - Page 2

CHART COPY

PATIENT	MEDICAL RECORD NO.	BILLING NO.	REGISTRAR	REGISTRATION DATE AND TIME	ATTENDING PHYSICIAN	CHECK FOR RESUSCITATION
	NAME/ADDRESS	DATE/TIME		SEX/RACE	ACCOMMODATION TYPE	PRESCRIPT AUTHORITY
	ST	19147		7/83 12	M/WH	AER
	RN SIGNATURES					

TIME	ATTENDING COMMENTS	SIGNATURE
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	WT:	KG	ALLERGIES:
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TIME ORDERED	ORDERS	M.D. SIGNATURE	TIME GIVEN	GIVEN BY
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	CBC & diff.			
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	ESR			
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	Lytes			
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	Rapid Strep / TC			
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	BC			
--	----	--	--	--

	UC			
--	----	--	--	--

	UA			
--	----	--	--	--

	Shake (Sickle)			
--	----------------	--	--	--

	BUN / Creat.			
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	Glucose			
--	---------	--	--	--

	Type & Cross			
--	--------------	--	--	--

	Theo level			
--	------------	--	--	--

	Urine Preg.			
--	-------------	--	--	--

	Tox. Screen: blood			
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	urine			
--	-------	--	--	--

	G C Culture			
--	-------------	--	--	--

	Chlamydia			
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	X-Ray			
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SECRET

[illegible]

**EMERGENCY DEPARTMENT
NURSING TRIAGE / ASSESSMENT**

ARRIVAL TIME _____

SORT TIME _____

MED. RECORD # [REDACTED]

TRIAGE TIME 0830

<input type="checkbox"/> CRITICAL	<input type="checkbox"/> ACUTE	<input checked="" type="checkbox"/> URGENT	<input type="checkbox"/> NON URGENT
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ROOM # <u>(7)</u>	TIME IN ROOM: <u>0848</u>	ID BAND: <input checked="" type="checkbox"/>	DATE: [REDACTED]
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PATIENT NAME: [REDACTED]	AGE: <u>12</u>
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STATED CHIEF COMPLAINT: on first seat - hit in car - 2 airbags
on, itching & scratchy - restrained

PREVIOUS MEDICAL PROBLEMS: 2/5 minutes

ALLERGIES: Ø

CURRENT MEDICATIONS: Ø

EXPOSURE TO INFECTIOUS DISEASE
☐ YES ☒ NO

IMMUNIZATIONS UP TO DATE
☒ YES ☐ NO

DATE OF LAST TETANUS 2

NURSING ASSESSMENT

WEIGHT	KG	TEMPERATURE	Heart Rate	Resp. Rate	BP	TRAUMA SCORE		
<u>25</u>		<u>37.6</u>	<u>92</u>	<u>16</u>	<u>121/69</u>			
TIME								

OBJECTIVE ASSESSMENT/DESCRIPTION OF INJURY

U - F, R, - Med. 2 21B
Ø cervical pain to palpation
Ø ROM

Abrasion over (R) clavicle from
seat belt

GLASGOW COMA SCALE		
TIME	On Adm	1 Hr P Adm
Eye Opening	3	3
Verbal Response	5	5
Motor Response	6	6
TOTAL	15	15

INITIAL TREATMENT

SIGNATURES

TRAUMA SURGEON

MEDICATIONS GIVEN: ACETAMINOPHEN

IBUPROFEN

NSS DRESSING ☐ SLING ☐ ICE ☐ SPLINT ☐

X-RAY _____ TIME SENT _____ ANATOMY X-RAYED _____

OTHER:

TRIAGE RN

SORTER RN

MD

NAME: _____

NOTIFICATION TIME: _____

ARRIVAL TIME: _____

NEUROSURGERY

NAME: _____

NOTIFICATION TIME: _____

ARRIVAL TIME: _____

NASS CDS OCCUPANT ASSESSMENT FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9611
3. Vehicle Number 02
4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 28
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 185
Code actual height to the nearest
centimeter.
(999) Unknown
73 inches X 2.54 = 185.4 centimeters
8. Occupant's Weight 100
Code actual weight to the nearest
kilogram.
(999) Unknown
220 pounds X .4536 = 99.8 kilograms
9. Occupant's Role 1
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 0
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in
front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact)0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility3

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 9

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 9

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☐ Vehicle inspection
☒ Official injury data
☒ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment 7
(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0
Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0
Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System 1
Failure?

(This Occupant Position)

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 97

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 7

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of + 997Delta V For Air Bag
Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 7

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 7

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 97

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 97
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 7
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 7
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 7
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 7
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

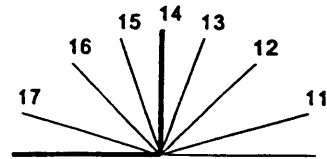
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 01
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 6
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

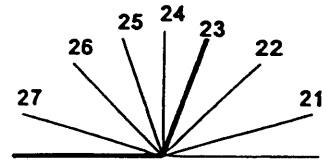
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

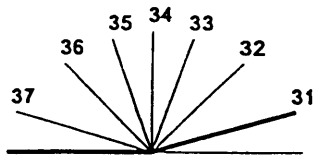
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 99

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 02
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 3

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

9611

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Cervical
Strain

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
	<u>7</u>	<u>6</u>	<u>4</u>	<u>02</u>	<u>78</u>	<u>1</u>	<u>6</u>	<u>697</u>	<u>9</u>	<u>7</u>	<u>99</u>
2nd	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.
3rd	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.
4th	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.
5th	49.	50.	51.	52.	53.	54.	55.	56.	57.	58.	59.
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.

OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —